

Annual College and University Disclosure Form

Date of Statement: _____

Academic Year July 1, 2024 through June 30, 2025

First Name: _____

Last Name: _____

Institution: _____

Department: _____

Position: _____

Daytime Telephone: _____

Email Address: _____@tcnj.edu

Instructions: This form must be submitted pursuant to N.J.A.C. 19:61-6.10(a), which requires a State official serving in a scholarly capacity to annually disclose to his/her Department head any travel, subsistence or entertainment expenses, honoraria, academic prizes or other things of value related to activities performed in a scholarly capacity received in the prior academic year (July 1st through June 30th). Any benefit received related to your State position, and any outside activity performed, while not acting in a scholarly capacity, must still be reported pursuant to your institution's procedures, and on the forms required by the State Ethics Commission. Enter "N/A" in any category in which you did not receive benefits while acting in scholarly capacity during the covered academic year.

Benefits Received

A. Travel, Subsistence and Entertainment Expenses

Date Received	Type of Benefit	Amount	Source	Interested Party*

B. Honoraria, Academic Prizes or Other Things of Value

Date Received	Type of Benefit	Amount	Source	Interested Party*

*Indicate whether the source of the benefit is an interested party to your institution. "Interested party" means: 1) any person or entity your institution regulates, licenses or supervises; 2) any grantee or grantor to your institution and any employee, representative or agent thereof; 3) any supplier/vendor to your institution; 4) any advocacy group that advocates or represents the positions of its members to your institution; 5) any organization a majority of whose members fall under 1-4 above.

C. Assigned Educational Texts or Materials

1. Do you assign educational books or materials authored by you as a course requirement?

☐

Yes

☐

No

2. If answer to question 1 is yes, do you receive royalties from those educational materials?

☐

Yes

☐

No

3. If answer to question 2 is yes, did you donate those royalties?

☐

Yes

☐

No

4. If answer to 3 is yes, where were the royalties donated?

To the best of my knowledge and belief the information on this form is true and accurate.

Signature of Employee

Date

I have reviewed the information contained on this form.

Dean Signature

Date:

Ethics Liaison Officer Signature

Date: