

COI Case Number:

Date:

Applicant Name:

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### Section 1. Annual Report

Choose **all** that apply:

1. I followed the most recently approved management plan since my last approval/renewal without deviation (**attach the approved management plan**).
  2. I completed a Significant Financial Interest (SFI) disclosure within the last 12 months (**required**).
  3. I do not expect any changes in circumstance during the next 12 months.
  4. My circumstances changed in the last year and I have revised my management plan to reflect the changes (**attach the revised management plan**).
  5. I disclosed all new inventions developed within the last 12 months to the Office of Commercialization irrespective of the perceived origin/ownership of such IP.
  6. The following are new students (undergraduate or graduate – please specify) involved with the managed activities or in the laboratory where the activity is occurring:
  7. The following are new WSU employees involved with the managed activities:
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### Section 2. Certifications and Signatures

**Applicant:** I affirm the truth of the statements made above. I understand that if the University does not approve any such interest, pursuant to University policy or state law, I will be required to discontinue or divest myself of such interest in order to remain an employee in good standing at Washington State University. In addition, I agree to abide by the responsibility set forth in WSU [Executive Policy #27](#) and other University policies and state law related to this outside activity.

By signing below, I affirm that I will notify the Conflict of Interest Committee immediately if these circumstances change.

Name

Date

Signature \_\_\_\_\_

**Monitor:** I affirm that I have reviewed the Management Plan, and that I will monitor the Applicant's activities for the next 12 months to ensure adherence to the Plan.

Monitor (Chair) Name

Date

Signature \_\_\_\_\_