Sample Agreement to Resolve a Conflict of Interest
Faculty-Student Relationships Policy (SPG 601.22)

The purpose of this agreement is to identify the actions to be taken to resolve a conflict of interest as defined in SPG 601.22:

If a romantic and/or sexual relationship occurs or has occurred between a faculty member and a student for whom the faculty member has supervisory responsibility, an inherent conflict of interest arises. When a conflict of this nature occurs, the faculty member must disclose the relationship so that a resolution to the conflict can be sought.

(Faculty Member), (name of the position that gives the Faculty Member supervisory responsibility for the Student) in (name of school, college, or unit), has currently (or has had in the past) a relationship with (Student) that requires disclosure under SPG 601.22.

The intent of this agreement is to ensure that the relationship between (Faculty Member) and (Student) in no way hinders the academic, employment and/or professional development of either person, and that University policies are respected.

As a result, the following steps are being taken to ensure compliance with the SPG.

Academic Responsibilities: (Faculty Member) and (Student) have agreed to the following alternative academic supervision:

1.
2.
3.

Professional/Career Development: (Faculty Member) and (Student) have agreed to the following alternative professional/career development plans:

1.
2.
3.

-OR-
____ Check here if the head of the academic unit and the academic administrator have determined it is not possible to agree on a plan to resolve the conflict of interest. Therefore, the faculty member has agreed to discontinue the romantic and/or sexual relationship until the faculty member no longer has supervisory responsibility for the student.

The signatures below confirm approval of this agreement to resolve the conflict of interest.

_________________________
Name of head of unit (e.g., dean or director)
Title

Note: With the above signature, the head of the unit also confirms that [Student] agrees with the terms of this conflict resolution plan.

_________________________
Name of academic administrator (e.g., department chair or academic program director)
Title

_________________________
Name of faculty member
Title(s)