

Date...

Ph.D. student declaration form

Concerning Proper Conduct in Research and Conflict of Interest

Student name:

Phone number:
Email:
Academic Advisor's name:
Academic Advisor's phone number:
Academic Advisor's email:
Title of Research:
I hereby declare by my signature:
I read and understood the content and the deriving duties of <u>TAU's conflict of interest and proper research</u> conduct regulations.
My Academic Advisor had brought TAU's conflict of interest regulations to my knowledge and I hereby confirm to having understood them.
Therefore, I hereby declare: (please mark X on the sections to which your declaration refers):
I am not and do not expect to be in a situation of any conflict of interest in connection with the research work.
I am and/or I expect to be in a situation of a conflict of interest in connection with the research work, as set forth below:
Date: Signature: