­APPENDIX



Template Form: Request for an Academic Employee to Accept Admission to a University Master’s or Doctoral Program

Related Policy: Admission for Master’s and Doctoral Degrees

Academic employees at the rank of instructor or research fellow or above who have responsibility for teaching, advising or supervising graduate students by virtue of their employment, can be placed in a conflict of interest situation if they pursue a master’s or doctoral degree in the same field, or in a closely related field, in which they are also employed. In order to protect against this, academic employees must obtain permission from their college and supervisor or department chair to accept an offer of admission.

In this circumstance, the employee’s involvement in the student-related activities of the graduate program in which they will also a student should be limited to matters of general administrative and educational policy. The academic employee should not be engaged in the consideration of applications, petitions, or evaluations that relate to the employment status or academic work of individual students, or to the setting of student examinations, for example.

For additional information on University standards for code of conduct, refer to Board of Regents Policy: [*Code of Conduct*.](http://www1.umn.edu/regents/policies/academic/Conduct.pdf) Section III, Subd. 8 refers specifically to the expectation to avoid conflicts of interest and commitment.

### Use of Template

Collegiate units may use this template to create a collegiate request form for academic employees to submit.

Suggested Elements of Form

**Please review the information and instructions on the reverse side of this form. When completed and signed, this form should be routed to [NAME] at [mailing address and/or email address].**

|  |  |  |
| --- | --- | --- |
| **Last Name**      | **First Name**      | **Middle Name**      |
| **Street Address**      | **City**      | **State**      | **Zip**      |
|  |  |  |
| **Major**       | **Degree Objective**      | **Employee ID#**      |
| **University of Minnesota** **e-mail Address**     @umn.edu | **Daytime Phone Number**      |  |

|  |
| --- |
| Please explain why your pursuit of this degree will not present the potential for a conflict of interest in regard to other graduate students.  |

Employee’s Signature Date

Supervisor’s signature Date

**For college use only:**

**\_\_\_ Approve \_\_\_ Do not approve**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**COMMENTS:**

To request this form in an alternative format, please contact the Disability Services Liaison at 612-625-9578.