

Conflicts of Interest & Commitment

RESEARCH AND INNOVATION OFFICE

Disclosure of External Professional Activities (DEPA) Form

Statement of Authority and Purpose

The University of Colorado Administrative Policy Statement [5012](#) prohibits employees from compromising or appearing to compromise their teaching, research, outreach or other university activities ("Institutional Responsibilities") for financial or personal benefit. Accordingly:

1. Individuals involved in design, conduct, or reporting of research ("[Investigators](#)") must disclose external financial and personal interests to the university (including [Significant Financial Interests](#) ("SFI")) and make commitments regarding those interests to ensure that the interests could not directly and significantly affect their institutional responsibilities; and
2. If the [Conflicts of Interest & Commitment Office](#) determines that, even after making such commitments, a discloser's interest(s) COULD directly and significantly affect their institutional responsibilities or compromise their professional judgment or actions (such interests have ripened into a Conflict of Interest ("COI")), further action will be required to manage or remove the conflict.

The Conflicts of Interest & Commitment Office has authority to:

1. Obtain conflict of interest and commitment disclosures (referred to as DEPA Forms) from individuals involved in the design, conduct, or reporting of research at or for the University of Colorado Boulder ("CU Boulder");
2. Evaluate the interests of these disclosers; in particular, those interests that reasonably appear to be related to the discloser's institutional responsibilities;
3. Inform disclosers of their obligations to CU Boulder, to the CU Boulder community, and to federal sponsor(s), if any;
4. Require a commitment to meet such obligations; and thereafter,
5. Require action be taken by the discloser and the discloser's chair or director to manage or remove those Significant Interests ("SI") that COULD directly and significantly affect the discloser's institutional responsibilities.

NOTE TO DISCLOSER: At CU Boulder, individuals with disabilities are entitled to access, support, and (when appropriate) reasonable accommodations. If you need assistance completing this form, please email the COIC Office at coi@colorado.edu.

Investigator Information

***Discloser Name:** First Name Last Name

***Department:** Department Name

***Employee ID:**

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1. Investigator Confirmation

*Are you responsible for the design, conduct or reporting of research?

Yes No

*Are you involved in the delivery, development or assessment of NSF-funded educational activities?

Yes No

2. Investigator Status: Relationship to University of Colorado Boulder (CU Boulder)

*Are you an employee of CU Boulder?

Yes No

If you responded “No” to the above question, please complete:

*If not an employee of CU Boulder, select one of the following that best describes your relationship to CU Boulder:

- Non-employee consultant, contractor or visiting researcher paid by the university.
- Sub-recipient or sub-contractor whose employer is under contract with the university.
- Non-employee graduate student of CU Boulder.
- Non-employee undergraduate student of CU Boulder.
- Volunteer or visiting researcher neither paid by nor a student of CU Boulder.
- Other

If you answered “Yes” to the above question (“Are you an employee of CU Boulder?”), please complete:

*Are you also a CU Boulder graduate or undergraduate student?

Yes No

*Are you a full-time employee of CU Boulder?

Yes No

*Please describe your part-time arrangement with CU Boulder (if applicable):

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Federal Reporting Obligations

The questions in this section are intended to identify which federal sponsors, if any, fund your research at or for CU Boulder.

*Does any agency or office of the U.S. Federal Government fund research you are designing, conducting or reporting at or for CU Boulder?

Yes No

*Identify which, if any, of the following offices and agencies of the U.S. Federal Government fund research that you are designing, conducting, or reporting at or for CU Boulder (check all that apply). **If you answered “Yes” to the question above, at least one of the offices or agencies below must be selected.**

- Any office or agency of the Public Health Service (PHS) within the Department of Health and Human Services, including but not limited to: any of the National Institutes of Health (NIH), Center for Disease Control (CDC), and Food and Drug Administration (FDA).

If you checked the box above, please complete:

NOTE TO DISCLOSER: Please check below to confirm your understanding that, prior to the release of a grant or contract award, you must complete the training module entitled **CU: Conflict of Interest for NIH**, and refresh at least every four (4) years.

Click to watch: [NIH Training](#) *Training completed: *Date of last training:

[Transcript for the Conflicts of Interest Training for NIH/PHS Researchers](#)

- National Science Foundation (NSF)
- National Aeronautics and Space Administration (NASA)
- Any office or agency of the Department of Defense (DOD), including but not limited to: the Departments of the Air Force, Army, and Navy, the Office of Naval Research (ONR), the Defense Advanced Research Projects Agency (DARPA), and the Defense Threat Reduction Agency (DTRA)
- Any office, laboratory, or agency of the Department of Energy (DOE), including but not limited to: the Advanced Research Projects Agency – Energy (ARPA-E)
- Other:

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PHS/NIH Significant Financial Interests

NOTE: If not applicable, skip this section.

Publicly-Traded Entity (PTE)

*Have you (including your spouse and dependent children) received **remuneration** (e.g., anything of value, including but not limited to, salary, consulting fees, honoraria, or other payments for services or authorship) from a **Publicly-Traded Entity (PTE)—domestic or foreign**—that reasonably appears to be related to your institutional responsibilities at CU Boulder in the past twelve (12) months?

Yes No

*Do you (including your spouse and dependent children) hold an **equity interest** (e.g., stocks, stock options or other ownership interests) in a PTE that reasonably appears to be related to your institutional responsibilities at CU Boulder as of the date of this disclosure?

Yes No

*Does the combination of **remuneration** received from, plus the value of **equity interest** held in, a PTE exceed **\$5,000**?

Yes No

If you checked "Yes" in response to the question above, please complete:

Your answer "Yes" to the preceding questions indicates that you have a [Significant Financial Interest \(SFI\)](#). Please complete each field in the table below for **every PTE** in which:

1. The combination of **remuneration** received from, plus the value of **equity interest** held in, a PTE exceed **\$5,000**; and
2. Your interest reasonably appears to be related to your institutional responsibilities at CU Boulder.

If you have more than four (4) PTEs to report, please request a supplemental form from coi@colorado.edu.

*Publicly-Traded Entity Information:

	PTE 1 Name	PTE 2 Name	PTE 3 Name	PTE 4 Name
Country of PTE	Country Name	Country Name	Country Name	Country Name
Type of remuneration received	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other
Value of remuneration received in the past 12 months by you, your spouse and dependent children				

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Amount of equity interest held by you, your spouse and dependent children				
Professional services provided in exchange for remuneration				
Does the PTE do business with the university?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are students and/or additional university personnel affiliated with PTE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Please list names of all CU personnel affiliated with PTE				
Days/months working for PTE on campus				
Days/months working for PTE off campus				

PHS/NIH Significant Financial Interests (cont'd)

NOTE: If not applicable, skip this section.

Non-Publicly Traded Entity (NPTE)

*Have you (including your spouse and dependent children) received **\$5,000** or more in **remuneration** (e.g., anything of value, including but not limited to, salary, consulting fees, honoraria, or other payments for services or authorship) from a **Non-Publicly Traded Entity (NPTE)**—**domestic or foreign**—that reasonably appears to be related to your institutional responsibilities at CU Boulder in the past twelve (12) months?

Yes No

*Do you (including your spouse and dependent children) hold **any equity interest** (e.g., stocks, stock options, or other ownership interests) in a NPTE that reasonably appears to be related to your institutional responsibilities at CU Boulder as of the date of this disclosure?

Yes No

If you answered "Yes" to the question above, please complete:

Your answer "Yes" to the preceding questions indicates that you have a [Significant Financial Interest \(SFI\)](#). Please complete each field in the table below for **every NPTE** in which:

1. You (including your spouse and dependent children) received **\$5,000** or more in **remuneration** (e.g., anything of value, including but not limited to, salary, consulting fees, honoraria, or other payments for services or authorship) in the past twelve (12) months; or
2. You (including your spouse and dependent children) hold **any equity interest** (e.g., stocks, stock options, or other ownership interests) as of the date of this disclosure; and
3. Either of the interests described in (1) or (2) above reasonably appears to be related to your institutional responsibilities at CU Boulder.

***Non-Publicly Traded Entity Information:**

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	NPTE 1 Name	NPTE 2 Name	NPTE 3 Name	NPTE 4 Name
Country of NPTE	Country Name	Country Name	Country Name	Country Name
Type of remuneration received	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other
Value of remuneration received in the past 12 months by you, your spouse and dependent children				
Amount of equity interest held by you, your spouse and dependent children				
Professional services provided in exchange for remuneration				
Does the NPTE do business with the university?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are students and/or additional university personnel affiliated with NPTE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Please list names of all CU personnel affiliated with NPTE				
Days/months working for NPTE on campus				
Days/months working for NPTE off campus				

PHS/NIH Significant Financial Interests (cont'd)

NOTE: If not applicable, skip this section.

Intellectual Property (IP)

*Have you received income in the past twelve (12) months, or do you expect to receive income during this disclosure period, from intellectual property rights or interests (e.g., patents, copyrights) that reasonably appears to be related to your institutional responsibilities at CU Boulder?

Yes No

If you answered "Yes" to the question above, please complete:

Your answer "Yes" to the preceding question indicates that you have a [Significant Financial Interest](#) (SFI). Please complete each field in the table below for **every IP** in which:

1. You have received or expect to receive income; and
2. Your interest is related to, or reasonably appears to be related to, your institutional responsibilities at CU Boulder.

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***IP Information:**

	IP 1 Name	IP 2 Name	IP 3 Name	IP 4 Name
Description of IP for which you have received or expect to receive income				
Country of IP organization	Country Name	Country Name	Country Name	Country Name
License agreement with payer				
Value of income received in the last 12 months by you, your spouse and dependent children				
Value of income expected to be received during this disclosure period by you, your spouse and dependent children				
Is the value of income received in the form of royalties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do you receive these royalties directly from CU?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

PHS/NIH Significant Financial Interests (cont'd)

NOTE: If not applicable, skip this section.

Travel

*Are you the recipient of reimbursed or sponsored travel that reasonably appears to be related to your institutional responsibilities at CU Boulder (note: this excludes travel reimbursed or sponsored by CU Boulder, U.S. federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education)?

Yes No

If you answered "Yes" to the question above, please complete:

Your answer "Yes" to the preceding question indicates that you have a Significant Financial Interest (SFI). Please complete each field in the table below for **every travel instance** in which:

1. The travel was reimbursed or paid for by anyone *other than* CU Boulder, U.S. federal, state or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education; and
2. Your interest is related to, or reasonably appears to be related to, your institutional responsibilities at CU Boulder.

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***Travel Information:**

	Name of entity, organization or institution #1	Name of entity, organization or institution #2	Name of entity, organization or institution #3	Name of entity, organization or institution #4
Sponsor's country:	Country Name	Country Name	Country Name	Country Name
Point of departure (city, state, country)				
Point of arrival (city, state, country)				
Purpose of the trip				
Is the purpose of your trip related to your PHS/NIH funded research?				
Market value or cost of trip				
Duration (days of travel)				

NSF Significant Financial Interests

NOTE: If not applicable, skip this section.

Monetary Value

*In the past twelve (12) months, have you (including your spouse and dependent children) received anything of **monetary value**, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria) and/or **intellectual property rights** (e.g., patents, copyrights, and royalties from such rights) that, when aggregated, equal **\$10,000** or more that reasonably appears to be related to your institutional responsibilities at CU Boulder (whether **domestic or foreign**)?

Yes No

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*Do you (including your spouse and dependent children) hold an **equity interest** (e.g., stocks, stock options, or other ownership interests) that reasonably appears to be related to your institutional responsibilities at CU Boulder (1) representing more than a **5%** ownership interest in the entity and (2) valued at more than **\$10,000** as of the date of this disclosure?

Yes No

If you answered “Yes” to the question above, please complete:

Your answer “Yes” to the preceding questions indicates that you may have a [Significant Financial Interest](#) (“SFI”). Please complete each field in the table below for **every entity/interest** in which:

1. You (including your spouse and dependent children) received **\$10,000** or more in **remuneration** (e.g., anything of value, including but not limited to, salary, consulting fees, honoraria, or other payments for services or authorship) in the past twelve (12) months; and/or
2. You (including your spouse and dependent children) hold an **equity interest** that (1) represents more than a **5%** ownership interest in the entity, and (2) is valued at more than **\$10,000** as of the date of this disclosure; and
3. The interest(s) are related to, or reasonably appears to be related to, your institutional responsibilities at CU Boulder

***Monetary Value Information:**

NOTE TO DISCLOSER: For any entity applicable to this NSF table that has been previously disclosed in the PHS/NIH PTE and/or NPTE tables, *if applicable*, you do NOT need to reenter the information. Please only enter entity information that has not been previously disclosed in other sections of this form.

	Monetary value entity and/or equity interest #1	Monetary value entity and/or equity interest #2	Monetary value entity and/or equity interest #3	Monetary value entity and/or equity interest #4
Country of entity	Country Name	Country Name	Country Name	Country Name
Type of remuneration received	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Other
Value of remuneration received in the past 12 months by you, your spouse and dependent children				

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Amount of equity interest held by you, your spouse and dependent children				
% ownership interest in the entity				
Professional services provided in exchange for remuneration				
Does entity do business with the university?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are students and/or additional university personnel affiliated with entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Please list names of all CU personnel affiliated with entity				
Days/months working for entity on campus				
Days/months working for entity off campus				

Other Financial and Personal Interests

*Do you have any **domestic or foreign** external interests, including, but not limited to, **ownership interests in, value received from** (including any salary; consulting fees; honorary titles; free or subsidized use of space, equipment or support services; intellectual property rights or royalties; or other payments) **and/or obligations to** (including appointments or transfer of intellectual property) **any external entities, organizations or institutions** that are related, or reasonably appears to be related, for any reason, to your institutional responsibilities at CU Boulder?

Yes No

If you answered “Yes” to the question above, please complete:

Your answer “Yes” to the preceding question indicates that you may have a Significant Interest (“SI”). Please complete each field in the table below for **every entity, organization and/or institution** that meets the criteria above.

***Entity, Organization and/or Institution Information:**

NOTE TO DISCLOSER: For any entity, organization or institution applicable to this table that has been previously disclosed in the PHS/NIH PTE, PHS/NIH NPTE and/or NSF tables, *if applicable*, you do NOT need to reenter the information. Please only enter entity information that has not been previously disclosed in other sections of this form.

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	Name of entity, organization and/or institution #1	Name of entity, organization and/or institution #2	Name of entity, organization and/or institution #3	Name of entity, organization and/or institution #4
Country of entity	Country Name	Country Name	Country Name	Country Name
Is this entity a public or non-profit entity?	<input type="checkbox"/> Public <input type="checkbox"/> Non-profit <input type="checkbox"/> Other	<input type="checkbox"/> Public <input type="checkbox"/> Non-profit <input type="checkbox"/> Other	<input type="checkbox"/> Public <input type="checkbox"/> Non-profit <input type="checkbox"/> Other	<input type="checkbox"/> Public <input type="checkbox"/> Non-profit <input type="checkbox"/> Other
% ownership interest in entity				
Do you, your spouse or your dependent children serve on the board of directors or hold a leadership position in the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your ownership interest in this entity, organization or institution (if applicable)				
Describe the value you receive from this entity, organization or institution (if applicable)				
Describe your obligation to this entity, organization or institution (if applicable)				
Professional services provided to the entity (whether or not in exchange for remuneration)				
Does entity do business with the university?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are students and/or additional university personnel affiliated with entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Please list names of all CU personnel affiliated with entity				
Days/months working for entity on campus				
Days/months working for entity off campus				

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Self-Authored Materials

*Do you assign or expect to assign during this reporting year books or materials for any classes that you teach that bring you royalties or income?

Yes No

If you answered "Yes" to the question above:

*Please complete the following information for every course for which such books/materials will be assigned:

	Course name and number	Course name and number	Course name and number	Course name and number
Approved by department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of students				
Materials description				

Conflicts of Commitment Acknowledgement

I understand that, for any activities and/or interests disclosed in the preceding sections (if applicable) on which I spend time or effort outside of my university employment obligations, I—depending on my employment requirements—have or will receive approval from my academic department and/or Supervising Authority for the external activities and/or interests that I am involved in and the corresponding time commitment.

*Approval Received:

Foreign Government Talent Recruitment Programs

*Are you involved in a Foreign Government Talent Recruitment Program?

Yes: No:

If you answered yes, please provide the Foreign Government Talent Recruitment Program (FGTRP) Entity Name(s) and associated Country information below:

	FGTRP entity 1 name	FGTRP entity 2 name	FGTRP entity 3 name	FGTRP entity 4 name
Country of FGTRP entity	Country name	Country name	Country name	Country name

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CERTIFY AND SUBMIT DEPA

I certify that I have completed this form to the best of my ability and that my answers are accurate and complete. I recognize that I am obligated to submit an updated DEPA Form within 30 days of a change in the status of my disclosure.

Name:

Date:

To submit, please email this completed and certified form to coi@colorado.edu.