

University of Connecticut  
AMOROUS RELATIONSHIPS DISCLOSURE FOR  
GRADUATE STUDENTS AND POSTDOCTORAL SCHOLARS

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*“Amorous relationships” are defined as intimate, sexual, and/or any other type of amorous encounter or relationship, whether casual or serious, short-term or long term. A graduate student or postdoctoral scholar who is in, or enters into, an amorous relationship with someone over whom s/he has a position of authority must disclose the existence of the relationship immediately to the Office of Institutional Equity (OIE) or The Graduate School. In consultation with appropriate University administrators, the Dean of The Graduate School or her/his designee will determine whether the conflict of interest can be eliminated. The final determination will be at the sole discretion of the Dean of The Graduate School.*

This form is intended to assist graduate students and postdoctoral scholars with meeting the above-cited requirements of the Policy Against Discrimination, Harassment, and Related Interpersonal Violence.

**To Complete the Form:**

1. Graduate Student/Postdoctoral Scholar – complete section 1 and provide a copy to OIE or The Graduate School.
2. The Graduate School – complete section 2 in consultation with the appropriate “home” department (e.g. dean, graduate program coordinator, major advisor) and other relevant administrative staff including OIE.

**Section 1 DISCLOSURE**

1. Name of person with whom you have a relationship. For relationships with students, please indicate student standing (i.e. undergraduate student, graduate student, etc.):
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2. Please describe the nature of the relationship:
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3. Description of Supervision or Authority over Individual identified above.

Graduate Student/  
Postdoctoral Scholar Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

People Soft ID: \_\_\_\_\_

**Section 2 CONFLICT RESOLUTION PLAN**

Duties Assigned to: \_\_\_\_\_

Action taken to resolve conflict:

*The Graduate School Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

*OIE Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

- Copy to: OIE  
Dean, The Graduate School  
Dean, "Home" School  
Graduate Program Coordinator  
Major Advisor  
Graduate Student/Postdoctoral Scholar