Office of INnovation and TEchNology Transfer (INTENT)

Cyprus University of Technology

Conflict of Interest Avoidance Statement

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Full Name (given name(s) and last name) Department: Company: Address: Licensed technology:):	
Because of the CUT license that has position ¹ and my continuing relationsh of a potential conflict of interest betwe and other obligations towards this comp	ip with this company, I acknowled en my research activities at CUT a	dge the possibility
1. Use unpaid CUT students for research	n and development projects for the	e company,
2. Restrict or delay access to informatio	n from my research at CUT,	
3. Employ CUT students at the company, except for traineeship purposes.		
Additionally, my relationship with this company as well as any direct or indirect support from this company in support of my work at CUT will be declared on any publications ² of my work at CUT.		
Additionally, in order to avoid the appearance of conflict, I will attempt to make a clear differentiation between the intellectual directions of my research at CUT and my contributions to the company. To this end, I will expressly inform my department chairman annually of the general nature of my activities on behalf of the company.		
Your signature Name of witness	Signature of witness	Date
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¹ Equity includes shares, stock options or other financial instruments convertible into shares, which are controlled directly or indirectly from the inventor.

² Publications include presentations, publications, posters, meetings, etc. in any form.