



5.7 Conflict of Interest Agreement Form

CONFLICT OF INTEREST FORM FOR ADVISORY COMMITTEE MEMBERS

Having been named to serve on Algonquin College's _____ (insert
Committee name) Advisory Committee, I acknowledge that in the course of my association with the
College, I must disclose any actual or possible conflict of interest. In such a situation, I will declare the
actual or potential conflict of interest and not take part or vote on the matter.

Signature

Print Name

Date