



## AMOROUS RELATIONSHIP DISCLOSURE FORM FOR GRADUATE STUDENTS

UNIVERSITY OF CENTRAL FLORIDA

When Form Must Be Completed: If you are a graduate student who is or was involved in an amorous relationship as described in the University’s Amorous Relationships Prohibition Policy (No. 2-.014), you must prepare this form disclosing that relationship immediately to the Office of Institutional Equity.

Specifically, this Policy prohibits graduate students from pursuing or engaging in an amorous relationship with students over whom the graduate student has a position of authority. For example, a graduate student is in a position of authority in relation to students in a class when the graduate student is serving as a teaching assistant or is supervising other students’ research.

An “amorous relationship” is defined as an intimate, sexual and/or any other type of amorous encounter or relationship, whether casual or serious, short-term or long-term. For example, this may include having multiple romantic dates or having intimate physical contact (one-time or on multiple occasions) with the student or employee.

### To complete the form:

1. Graduate student completes Section 1 and provides the form to the Office of Institutional Equity;
2. The Office of Institutional Equity completes Section 2 in consultation with the Associate Dean for the College of Graduate Students and/or other appropriate administrative staff, as applicable.

### Section 1

1. Graduate Student Information:

Name: \_\_\_\_\_ UCF ID Number: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

2. Student Information with whom you have or previously had a relationship.

Name: \_\_\_\_\_ UCF ID Number: \_\_\_\_\_

Academic Standing (i.e. undergraduate student, graduate student): \_\_\_\_\_

3. Please describe the nature and a timeline of the relationship.

Describe your supervision or authority (or perceived authority) over the individual identified in your response to question no. 2 above (if any).

**Please Note:** If OIE determines that there is no conflict based on the current information but circumstances related to authority between the parties changes following completion of this form by OIE (such as a student changes programs and is now likely to take a course with the other party or an employee changes divisions and is now in the other party's reporting line), the party with authority must submit an updated form to OIE.

*Graduate Student Signature:*

*Date:*

*Print Name:*

*Date Received by OIE:*

## **Section 2: Conflict Resolution Plan**

Action taken to resolve conflict:

**Signatures:** If no conflict exists, the Director of the Office of Institutional Equity or designee is the only required signature.

*Associate Dean of the College of Graduate Studies*

Signature:

Date:

Print Name:

*Director of the Office of Institutional Equity or Designee*

Signature:

Date:

Print Name: