



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 Section IX of the University Prohibition of Discrimination, Harassment, and Related Interpersonal Violence Policy (No. 2-004.1)(Nondiscrimination Policy), you must prepare this form disclosing that relationship immediately to the Office of Institutional Equity.

Specifically, Section IX of the Nondiscrimination 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.

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 other appropriate administrative staff.

Section 1

1. Your name, student ID (not NID), and title of position that provides authority over other students.

2. Name of student with whom you have or previously had a relationship. Please indicate student's standing (i.e. undergraduate student, graduate student, etc.) and their student ID.

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

Associate Dean of the College of Graduate Studies

Signature: _____ Date: _____

Print Name: _____

Director of the Office of Institutional Equity

Signature: _____ Date: _____

Print Name: _____

CC: Associate Dean, College of Graduate Studies
Dean, "Home" College or School
Disclosing Graduate Student's Major Advisor
Disclosing Graduate Student