

AGENDA ITEM 14**ISSUE: NEW POLICY – DEGREE REVOCATION – ALL****ACTION PROPOSED:**

President Harroz recommends the Board of Regents approve a new Degree Revocation Policy under 5.11.2.1 of the Board of Regents' Policy Manual.

BACKGROUND AND/OR RATIONALE:

The proposed Degree Revocation Policy outlines the procedures if a previously conferred degree should be revoked based on specific instances. All degrees at the University of Oklahoma are conferred jointly by the Oklahoma State Regents for Higher Education and the Board of Regents of the University of Oklahoma. Therefore, the authority to revoke a degree rests jointly with the Oklahoma State Regents for Higher Education and the Board of Regents of the University of Oklahoma.

To preserve the integrity of its academic standards and the degrees it grants, the University may exercise its right to revoke a previously conferred degree in appropriate circumstances, such as when a degree has been obtained by fraud or other serious misconduct, including, but not limited to, providing false information on an application for admission, tampering with student records, and other non-scholarly or non-research misconduct activities. With respect to scholarly or research misconduct discovered after the degree has been conferred, those matters shall be investigated and handled through separate policies and procedures of the respective campuses.

This Policy has been reviewed by the Provost's Office on both Norman and HSC campuses, Bursar Services, College of Law, and the Oklahoma State Regents for Higher Education.



5.11.2.1 Degree Revocation Policy

I. Purpose:

This policy outlines the process to follow when a question arises as to whether a degree previously granted to a student, should be revoked. This policy does not apply to those instances of academic or other misconduct occurring prior to the student's graduation and the conferral of the degree at issue. Rather, those instances are handled either through rescission of admission or academic or other misconduct procedures applicable to the student prior to the conferral of their degree. If a student has previously earned a degree and is also a currently enrolled student pursuing another degree, more than one policy may be applicable. Moreover, revocation of conferred degrees based on scholarly, or research misconduct is governed by separate academic misconduct policies and procedures. The process that governs a revocation of a conferred degree will depend on the circumstances.

All degrees at the University of Oklahoma are conferred jointly by the Oklahoma State Regents for Higher Education ("OSRHE") and the Board of Regents of the University of Oklahoma ("BOR"). Therefore, the authority to revoke a degree rests jointly with the OSRHE and the BOR. In all cases, the dean of the college that initially conferred the degree has a key role in the determination of whether a degree should be revoked.

II. Scope:

This policy applies to all degrees conferred by the University of Oklahoma.

III. Responsible Office:

The Office of the Senior Vice President and Provost at each respective campus is responsible for maintaining and administering this policy.

IV. Policy Statement:

The University's award of a degree constitutes its certification that a student has achieved the requirements to earn the degree. To preserve the integrity of its academic standards and the degrees it grants, the University may exercise its right to revoke a previously conferred degree in appropriate circumstances, such as when a degree has been obtained by fraud or other serious misconduct, including, but not limited to, providing false information on an application for admission, tampering with student records, and other non-scholarly or non-research misconduct activities. With respect to scholarly or research misconduct discovered after the degree has been conferred, those matters shall be investigated and handled through separate policies and procedures of the respective campuses. For Norman campus programs, scholarly or research misconduct will be handled under the Academic Integrity Code or the Ethics in Research Policy. For Health Sciences programs, scholarly or research misconduct will be handled under the Academic Misconduct Code or the Ethics in Research Policy.

Policy Level: 4

Approval Authority: BOR

Date of Approval:

Subject Matter:

Date of Next Review: 2026

Signature:



V. Procedures for Revocation

A. Initiation

1. Information that raises questions regarding the validity of a previously conferred degree will be referred to the dean of the college that houses the program in which the degree holder was enrolled.
2. Upon discovery or receipt of credible information that a graduate may have obtained a degree by fraud or other serious misconduct, the dean or their designee will initiate an investigation.

B. Investigation

1. The dean will appoint an investigative committee, composed of two (2) or more faculty members who do not have a conflict in the matter, to review the matter and recommend to the dean whether no further action should be taken, whether corrective action short of revocation is appropriate, or whether the degree should be revoked. The dean may also refer an investigation to a fact-finding body with expertise in the subject matter for investigation under established policies. In those cases, the referral shall include a specific charge to the fact-finders to enter a recommendation as to whether no further action should be taken, whether corrective action short of revocation is appropriate, or whether the degree should be revoked.
2. The investigative committee will notify the graduate at their last known mailing and email addresses of the investigation, the reason for the investigation, and the procedures regarding the investigation. Additionally, the graduate will be given an opportunity to provide written information for the investigative committee to consider. If the graduate concedes the facts, there is no need for a hearing and the matter can be referred directly to the dean for action.
3. The investigative committee will submit a written summary of its findings and recommendations to the dean, who will provide a copy of the committee's report to the graduate. The graduate may submit a response within five (5) University business days of being notified at their last known email and/or mailing address. Should the graduate fail to respond, or concedes the facts, the investigative committee's findings will be final, and the dean will be notified by the investigative committee that the graduate did not respond or concedes the facts.
4. After reviewing the committee's report and the graduate's response (if any), the dean will decide whether to recommend a revocation of the degree, whether to take corrective action, or whether to dismiss the matter. If the dean decides to recommend revocation of the degree, the matter is referred to the appropriate Senior Vice President and Provost for a hearing unless the graduate declines a hearing or failed to respond, in which case, the matter is referred directly to the President for review and recommendation.
5. Except as noted in number 4 above, the Provost shall convene a hearing panel of three (3) members to include: the Provost or their designee, the Registrar (Norman campus) or the degree-awarding college admissions director (HSC) or their designee, and the appropriate senior admissions professional or their respective designee.

C. Hearing

1. The graduate may have an advisor of their own choosing, during this process. (Throughout this policy, the term "process advisor" is used to refer to the graduate's advisor.)



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2. The hearing panel will notify the graduate in writing of the hearing date at least one month in advance. Notice will include information about the hearing process. Every effort should be made to schedule the hearing at a date and time when the graduate and their process advisor are able to attend in person, via teleconference, or virtually. In any event, the hearing shall be scheduled within sixty (60) University business days from the initial notification (III.B.2 above) to the graduate. Upon a showing that the required notice was provided, the hearing may proceed in the absence of the graduate.
3. Members of the hearing panel will receive the investigative report and supporting documentation in advance of the hearing. The graduate will be invited to submit information in advance as well.
4. Both the graduate and the dean or designee will be expected to identify witnesses and provide copies of any additional documents to be offered at the hearing at least one week prior to the hearing date to each other and to the hearing panel, through the chair.
5. The dean or designee and the graduate will have an opportunity to present evidence and to question witnesses presented by the other party. Members of the hearing panel may ask questions of any participant or witness. Both the dean or designee and the graduate may present brief opening and closing statements.
6. At the hearing, the graduate may be accompanied by a process advisor, who may be an attorney. If the graduate's process advisor is an attorney, the chair may invite a representative of the University's Office of Legal Counsel to attend the hearing as an advisor to the program. The graduate's process advisor may provide counsel to the graduate during the hearing but may not actively participate. All costs associated with the graduate's advisor shall be borne by the graduate. Likewise, the University's counsel, if present, may not actively participate in the hearing. Even in those cases whether a member of the Office of Legal Counsel is not acting as an advisor to the program in the hearing, the chair of the hearing panel will be advised by a member of the Office of Legal Counsel regarding issues of process.
7. The graduate may consult with their process advisor during the hearing but is responsible for presenting their own case before the hearing panel.
8. The rules of evidence applicable to legal proceedings do not apply to the hearing. Information, including hearsay, may be considered if it is relevant, not unduly repetitious, and the sort of information on which responsible persons are accustomed to rely in the conduct of serious affairs.
9. The hearing is a closed session. Witnesses (other than the parties) may not be present except during their testimony.
10. At the conclusion of the hearing, the dean or designee, the graduate, the process advisor, and all other participants excluding the panel's assigned attorney will withdraw, and the hearing panel will deliberate in closed session and then vote on the question of revoking the degree. A two-thirds vote of those voting members present is required to recommend a degree revocation. The recommendation to revoke a degree must be supported by clear and convincing evidence; that is, evidence that produces a firm belief or conviction that the allegations are true.
11. The hearing panel will issue a written decision. If a two-thirds majority of the hearing panel does not vote to support a recommendation for revocation of the degree, the hearing panel will advise the dean and the graduate in writing, and the matter will be dismissed. If the vote supports a recommendation to revoke the degree, the hearing panel's decision (including information about the appeal



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process and deadlines) will be transmitted to the graduate, the dean, the Provost, and the President.

12. The hearing panel will arrange for a recording of the hearing (but not of the deliberation and voting phases). The recording and any transcription will become part of the record of the proceeding and will remain the property of the University.

VI. Revocation of the Degree

- A. If the President denies the graduate's appeal, or if an appeal is not submitted within the prescribed period, the recommendation to revoke will be referred to the BOR for final action.
- B. At their next regularly scheduled meeting, the BOR will review the record and will formally recommend or deny revocation of the degree and notify the OSRHE of any recommended degree revocation.
- C. The OSRHE's policies regarding revocation of degrees may be found in Section 3.14.5 of their policy repository.
- D. If the OSRHE agrees with the BOR's recommendation to revoke the degree, the BOR will notify relevant parties, including the graduate, that the degree has been revoked and request that the diploma be returned. The BOR also may request that the graduate return any other University documents rendered inaccurate as a result of this process.
- E. As necessary, the graduate's official transcript and other relevant University documents will be revised to reflect this action. Additionally, the dissertation (or master's/senior thesis) will be removed from the University Library and other scholarly repositories under the University's control.
- F. The President may publicize the matter to the extent deemed advisable. Further, the University reserves the right to notify relevant publications and relevant licensing or other authorities.

VII. Resolution Through Mutual Agreement

Nothing in this policy is intended to preclude the University from informally resolving a matter with a graduate on mutually agreeable terms, including voluntary relinquishment of a degree.

AGENDA ITEM 15

ISSUE: POLICY REVISION – FRAUD PREVENTION, REPORTING, AND WHISTLEBLOWER POLICY – ALL

ACTION PROPOSED:

President Harroz recommends the Board of Regents approve revisions to Regents’ Policy 7.6.2.2, Fraud Prevention, Reporting, and Whistleblower, to ensure compliance with current federal and state law.

BACKGROUND AND/OR RATIONALE:

The proposed changes to the Fraud Prevention, Reporting, and Whistleblower Protection Policy are being recommended to ensure compliance with current federal and state law. The University prohibits fraudulent and dishonest behavior in the conduct of University business. Changes include provisions that, if an investigation reveals evidence that supports a finding of fraud, corrective action may include disciplinary action, adjustments to policies/procedures, or referral to law enforcement.



7.6.2.2 Fraud Prevention, Reporting, and Whistleblower Policy
Formerly Policy: Section 3.9 BOR, 5.34 SHP

I. Purpose:

The University of Oklahoma (OU) prohibits fraudulent and dishonest behavior in the conduct of OU business. The purpose of this policy is to define fraud, identify reporting responsibilities, provide information about fraud investigations, and designate authority for Internal Audit and other assigned departments, as needed, to address reports of fraud.

II. Definitions:

Fraud: Any illegal act characterized by deceit, concealment, or violation of trust. These acts are not dependent upon the threat of violence or physical force. Frauds are perpetrated by parties and organizations to obtain money, property, or services; to avoid payment or loss of services; or to secure personal or business advantage.

Employee: All individuals employed by the University, whether full or part-time. For purposes of this policy, the term “Employee” shall also include postdoctoral fellows, visiting scholars, residents, graduate research and teaching assistants, volunteers, and all key personnel working on grants and contracts whether paid or unpaid.

III. Scope:

This policy applies to all employees of OU.

IV. Policy Statement:

It is the policy of OU to prevent, deter, and detect dishonest and fraudulent activities and consistently investigate suspected fraud. All employees have a responsibility to report potentially fraudulent activity. If an investigation reveals evidence that supports a finding of fraud, corrective action may include but is not limited to, disciplinary action against the perpetrator and/or adjustments to policies, procedures, controls, or referral to law enforcement.

Policy Level: 3

Approval Authority: Board of Regents

Date of Approval:

Subject Matter: Office of Human Resources

Date of Last Review:

Date of Next Review:

Signature:



V. Procedures

A. Fraudulent activities may include, but are not limited to:

1. Misappropriation of OU property or other fiscal irregularities;
2. Intentional misrepresentation in, or forgery or inappropriate alteration of, any document used for OU business, including, but not limited to, checks, promissory notes, or securities; purchasing and procurement materials; employee benefit or salary-related items such as time sheets, billings, claims, assignments, or changes in beneficiary; records relating to health; student-related items, such as grades, transcripts, loans, or fee/tuition documents;
3. Willful and unauthorized destruction of records, property, or equipment with the intent to conceal evidence of fraud, dishonest behavior, or irregularities in the conduct of OU business; and
4. Failure to disclose or concealment of a conflict of interest for purposes of personal gain, including a gain for immediate family.

B. Reporting of Fraud

1. Fraud detected or suspected by an OU employee must be reported immediately to OU's Office of Internal Audit or the OU Report It! Hotline (online at <https://ouregents.ethicspoint.com> or by phone at (844) 428-6531). Employees may report fraud to the hotline anonymously. OU employees are prohibited from taking any retaliatory action against an individual for good faith reporting of, or causing to be reported, suspected fraud. Any person who has been subjected to retaliation in violation of this policy should notify any of the following responsible offices: OU Report It! Hotline, Human Resources, Internal Audit, Legal Counsel, the OU President, or the Board of Regents. If confirmed, retaliation in violation of this policy shall result in appropriate disciplinary action, up to and including termination.
2. In accordance with 62 O.S. § 34.301, as state employees, OU employees also may confidentially report claims of mismanagement and criminal misuse of state funds or property to the Civil Service Division of the Office of Management and Enterprise Services. Mismanagement includes fraudulent activity, abuse, or violation of a well-established, articulated, and compelling public policy.

C. Investigations

1. The Chief Audit Executive shall be responsible for managing investigations in response to reports of fraud, except when a real or reasonably perceived conflict of interest could compromise the validity of an investigation, as determined by the President of OU or the Board of Regents, in consultation with the General Counsel. In cases where a report of fraud implicates specialized subject matter or an area in which OU has established investigatory or review procedures (e.g., Academic Integrity, Compliance, Ethics in Research, Institutional Equity), the matter should be referred accordingly unless, as determined by the Chief Audit Executive in consultation with the General Counsel, such a referral is not in the best interest of OU.
2. Investigations of suspected fraud shall, to the extent reasonably practicable and to the extent permitted by law, be conducted in a manner that protects both the participants in an investigation and the reputation of the person(s) who are the subject of an investigation. If an investigation reveals evidence that supports a finding of fraud, the investigative report shall be referred to the executive officer over the area, the President, or the Board of Regents, as appropriate, for corrective action. Corrective action may include but is not limited to, disciplinary action against the perpetrator and/or adjustments to policies, procedures, controls, or referral to law enforcement.



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3. The Chief Audit Executive is empowered to 1) make recommendations to academic and administrative units to promote fraud prevention and deterrence, including conducting periodic fraud risk assessments, 2) adopt procedures consistent with generally accepted standards of fraud investigation to govern its conduct of fraud investigations, and 3) manage the appropriate referral of reports, in consultation with the General Counsel as needed.

AGENDA ITEM 16

ISSUE: POLICY REVISION – INSTITUTIONAL CONFLICTS OF INTEREST – ALL

ACTION PROPOSED:

President Harroz recommends the Board of Regents approve revisions to Regents Policy 1.1.1.5, Institutional Conflicts of Interest, to protect the integrity of the research and development process at the University and to address ethical obligations of its covered officials.

BACKGROUND AND/OR RATIONALE:

The University of Oklahoma is responsible for handling public funds in a manner that ensures that all University activities reflect its mission of providing the best possible educational experience through excellence in teaching, research, creative/scholarly activity, and service to the state and society. As the University’s collaboration and interactions with the private sector increases, so does the potential for institutional conflicts of interest. These conflicts involve situations in which the integrity and/or reputation of the University may be compromised, or may appear to be compromised, by the University’s financial interests.



1.1.1.5 Institutional Conflicts of Interest Policy

Formerly Policy: Section 3.9 BOR

I. Purpose:

The University of Oklahoma is responsible for handling public funds in a manner that ensures that all University activities reflect its mission of providing the best possible educational experience through excellence in teaching, research, creative/scholarly activity, and service to the state and society. As the University's collaboration and interaction with the private sector increases, so does the potential for institutional conflicts of interest. These conflicts involve situations in which the integrity and/or reputation of the University may be compromised, or may appear to be compromised, by the University's financial interests.

II. Definitions

- A. Executive Officers: Executive Officers of the University include the President, the Vice President of Executive Affairs, Senior Vice Presidents and Provosts, Vice Presidents, Executive Secretary of the Board of Regents and Secretary of the University, and such other positions and the President may designate from time to time.
- B. Covered Officials: Covered Officials includes all Executive Officers, including Interim and Acting Executive Officers and any individual serving as a Dean of a University College.
- C. Significant Financial Interest: Significant Financial Interest has the meaning adopted by the University of Oklahoma, Board of Regents in the Individual Conflicts of interest Policy.
- D. Family: Family has the meaning adopted by the University of Oklahoma, Board of Regents in the Individual Conflicts of interest Policy.
- E. Institutional Conflict of Interest: An Institutional Conflict of Interest may occur whenever the financial interests of the institution, or of an institutional official who has authority to act on behalf of the institution ("Covered Official"), might affect - or reasonably appear to affect - institutional processes for the design, conduct, reporting, review, or oversight of research.
- F. Academic Freedom: Academic Freedom has the meaning adopted by the Board of Regents in the Policy on Academic Freedom and Responsibility.

III. Scope:

Institutional Conflicts of Interest can occur whenever the external financial interests or business relations of the University or of one of its Covered Officials are such that their actions affect or could reasonably appear to affect, the conduct, review or oversight of the University's teaching, research, or service. Institutional conflicts also include potential conflicts (i.e., interests, activities, and relationships that will foreseeably create a real conflict if not subject to limitation) and apparent conflicts (i.e., interests, activities, and relationships that may impair public trust if not managed appropriately). Conflicts of the Board of Regents are handled as set forth in the Board of Regents Bylaws and are not within the scope of this policy.

IV. Responsible Office:

Each campus's Conflicts of Interest Office will be responsible for policy updates, communication distribution, and serve as repository for central conflicts of interest



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disclosures, all policy- related correspondence and documentation, and for administration and support to the Senior Vice President and Provost and Conflicts of Interest Review Committee in the development of management plans.

V. Policy Statement:

This policy has been developed specifically to protect the integrity of the research and development process at the University of Oklahoma and to address ethical obligations of its Covered Officials. The policy is not intended to address all situations where different institutional priorities may come into conflict, or to supersede or modify other Conflicts of Interest policies, such as the Individual Conflicts of Interest Policy and other policies referenced therein. All University employees, including Covered Officials, are required to complete required trainings and submit annual disclosures as set forth in the Individual Conflicts of Interest Policy.

Policy Level: 3

Approval Authority: Board of Regents

Date of Approval:

Subject Matter:

Date of Last Review:

Date of Next Review: August 2026

Signature:



VI. Procedures

A. Identifying Institutional Conflicts of Interest

1. Institutional Interests Related to Research: Any of the following institutional interests is presumed to create a potential or actual Institutional Conflict of Interest when related to existing or proposed research:
 1. Corporate or private gifts, including gifts in-kind, exceeding \$1 million cumulatively within the previous year period (counting the current gift), or reasonably expected to exceed \$1 million cumulatively within the past 2 years plus the next 12 months, from an actual or *bona fide* potential sponsor of research or from such donors who own or control products, methods, or procedures being studied or tested.
 2. Gifts of material value from an actual sponsor of research or from donors that own or control products, methods, or procedures being studied or tested when the gift is intended to directly support the research or to specifically benefit the department conducting it.
 3. University business contracts generating revenue for the University greater than \$1 million cumulatively within the past 3 years.
 4. Royalties: Payments, such as royalty payments, milestone payments, and licensing fees, resulting from technology transfer, licensing/sale, and business activities that, for each arrangement, exceeds \$100,000.00 in the preceding twelve-month period and any new University-held license. Royalties does not include any royalty interests held through University investments that are held through the OU Foundation.
 5. Non-publicly Traded Equity: The University, through its technology licensing activities or investments related to such activities, has obtained an equity interest or an entitlement to equity of any value (including options or warrants) in a non-publicly traded company that is: (i) the sponsor of research at the University, or (ii) the manufacturer of a product or technology to be studied or tested in research at or under the auspices of the University.
 6. Publicly Traded Equity: University, through its technology licensing activities or investments related to such activities, has obtained an ownership interest or an entitlement to equity (including options or warrants) exceeding \$100,000 in value (when valued in reference to current public prices, or, where applicable, by using accepted valuation methods), in a publicly-traded company that is (i) the sponsor of research at the University, or (ii) the manufacturer of a product or technology to be studied or tested through research at or under the auspices of the University.
2. Institutional Interests Related to Teaching, Creative Activity, or Service: While any Institutional Conflict of Interest identified in 1(A)(1)-(6) could also create an Institutional Conflict of Interest related to teaching, creative activity, or service, the independence of the faculty in such cases is presumed to be sufficiently protected by the Board of Regents' policy protecting academic



freedom and the procedural protections of faculty grievance and tenure proceedings.

3. Institutional Interest Related to Covered Officials: Because of their broad supervisory and institutional decision-making power, the actions of Covered Officials may be perceived as the actions of the institution as a whole. Thus, their individual conflicts of interest may be imputed to the institution as a whole. While they may not conduct research or teach in their administrative capacities, they may be in a position to influence how these activities are conducted and/or reported. Accordingly, Covered Officials' business interests and significant financial relationships with outside entities and individuals (together "entities") must be disclosed, and managed if necessary, to prevent any real or apparent Institutional Conflicts of Interest.
 1. An Institutional Conflict of Interest can arise when a Covered Official or his or her Family has a Significant Financial Interest in an entity doing business or proposing to do business with the University such that their interest affects, could foreseeably affect, or could reasonably appear to affect the conduct, review, or oversight of the University's teaching, research, or service.
 2. In addition, when a Covered Official or a member of his or her Family has other interests, activities, or relationships that would constitute a conflict according to the Individual Conflicts of Interest policy, the Covered Official shall be governed by the disclosure, assessment, and decision-making processes of this Institutional Conflicts of Interest policy.
 3. For Covered Officials, any personal interest, relationship, or activity that affects, touches, or concerns the University, or could reasonably foreseeably do so, will be deemed to create an actual or perceived Institutional Conflict of Interest. No interaction with the University will be deemed to be outside the course and scope of the Covered Official's University duties for purposes of this policy.
 4. In addition to actual conflicts, Covered Officials shall also disclose, for themselves and Family members, all Significant Financial Interests (as defined by State Ethics Rule 4.7) and all fiduciary relationships (i.e., relationships such as board memberships and management roles that give rise to a legal or ethical obligation to act in the best interests of a business or nonprofit entity).
 5. Covered Official conflicts, Significant Financial Interests, and fiduciary obligations shall be disclosed as follows:
 - a. The President shall disclose any Individual Conflicts of Interest within the scope of the Individual and/or Institutional Conflicts of Interest policy when they arise. Disclosure shall be made in writing to the COI Officers for the Norman and OUHSC Campuses. Such disclosures will be also provided to the General Counsel and to the Chair of



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the Board of Regents, whose decision on permissibility and management of conflicts shall be final. The President shall also disclose in the same manner upon appointment and annually thereafter, all Significant Financial Interests and all outside fiduciary relationships for review and decision.

- b. Covered Officials other than the President similarly shall disclose Conflicts of Interest that are within the scope of the Individual and/or Institutional Conflicts of Interest policy when they arise. Disclosure shall be made to the COI Officer(s) for the applicable campus(es). Such disclosures will be also provided to the General Counsel and to the Senior Vice President and Provost for the applicable campus (Covered Officials with academic appointments) or President (all other Covered Officials), whose decision on permissibility and management of conflicts shall be final. Covered Officials shall also disclose in the same manner upon appointment and annually thereafter, all Significant Financial Interests and all outside fiduciary relationships for review and decision.
4. Institutional Conflicts of Interest Related to University Officials Representing the University: In certain instances, the Conflicts of Interest Officers may determine that an individual, other than a Covered Official, who represents the University as a whole in any activity (for example, serving as a University representative on a public board) has an Individual Conflict of Interest that could create a real or apparent Institutional Conflict of Interest. In these instances, the appropriate Conflict of Interest officer may determine the Conflict of Interest should be treated as an Institutional Conflict of Interest.
5. Confidentiality of Disclosures: Personal disclosures shall be considered confidential, and the information disclosed will be available only to individuals duly charged with the responsibility for review. However, the information may be released in accordance with and as required by applicable law or lawful court order.
6. No later than 30 University business days after notice of the event giving rise to a real, potential, or apparent Institutional Conflict, the Conflicts of Interest Office of the appropriate campus or his/her designee shall secure information on institutional interests as follows: gifts reported by the Office of University Advancement; licenses and royalty or equity holdings, reported by the Office of Technology Commercialization; and business contracts, reported by the college or department generating such revenue. The Conflicts of Interest Officer, or their designees, shall then cross reference actual and bonafide potential University research sponsors against the Institutional Conflict of Interest information provided. If an actual or potential institutional conflict of interest is identified, the Conflict of Interest Office shall notify the appropriate Senior Vice President and Provost (“Provost”), who shall evaluate and act upon the conflict in accordance with this policy.
7. Any other employee who becomes aware of an apparent, potential, or actual Institutional Conflict of Interest, that would not be reported as set forth above in the ordinary course of business, shall promptly inform his/her unit head(s) (chair, center director and/or dean) or supervisor in writing. The Unit head(s) shall notify the appropriate Conflicts of Interest Office who will evaluate and act upon the report in accordance with this policy.



- B. Managing Institutional Conflicts of Interest
1. Except for Institutional Conflicts arising from individual conflicts of Covered Officials, which must be disclosed and managed as set forth in Section VI(A)(5)(a) and (b) of these Procedures, above, the procedure for evaluating and managing Institutional Conflicts of Interest is as follows.
 2. There is a presumption against allowing research to proceed when a real or perceived Institutional Conflict of Interest exists; however, such a presumption can be overcome if a management plan is developed that can either eliminate or adequately mitigate the conflict(s). The following steps shall ordinarily be taken for developing a management plan and are described in greater detail below: (a) factual inquiry performed by the appropriate Provost; (b) factual report made by the Provost to the Institutional Conflicts of Interest Committee; (c) Institutional Conflicts of Interest Committee issues a report and recommendation to either eliminate or manage the Conflict to the President or President's designee.
 3. Upon notice of a real or perceived Institutional Conflict of Interest from one of the Conflicts of Interest Offices, the Provost shall oversee an initial inquiry as to the facts of the situation. In case of an overlap with other policies, the Provost shall determine which policy or reviewing office shall manage the process.
 1. If the Provost determines that no Institutional Conflicts of Interest exists or that it is already disclosed and managed properly, the disclosing party will be notified, and no action will be taken.
 2. If the Provost determines that a potential Institutional Conflict of Interest exists, he or she will generate a report containing the facts of the situation, The Provost shall submit this report to the Institutional Conflicts of Interest Committee (the "Committee").
 4. The Institutional Conflicts of Interest Committee will consist of the following members:
 1. All members of the respective campus's existing Conflicts of Interest Committee;
 2. One member who is not employed by the University with experience with Institutional Conflicts of Interest;
 3. The Conflicts of Interest Officers from the Norman and Health Sciences campus on their respective campus's committee (non-voting member);
 4. A representative from the Office of the President (non-voting)
 5. Upon receipt of the factual report from a Provost, the Committee shall determine if the potential Institutional Conflict of Interest could inappropriately affect or reasonably appear to inappropriately affect University research. The Committee will determine whether the Institutional Conflict of Interest is manageable or if it should be eliminated. When making these determinations and formulating a management plan, the Committee will make these determinations with the following in mind:
 1. The welfare of any human participants or animals involved in the research;
 2. The integrity of any research process involved;
 3. The effect and/or potential effect of the Institutional Conflict of Interest on the University's reputation; and
 4. The effect and/or potential effect of the Institutional Conflict of Interest on the individual researcher's reputation.



5. Additional factors may be appropriate for consideration as well. All relevant considerations shall be reviewed when developing a management plan.
 6. In addition to the above general considerations, the following specific presumptions shall also apply:
 - a. No research agreement with a company will contain any restrictions on publication of student theses or dissertations; except as permitted by Graduate College policy for the relevant campus;
 - b. All individuals working on a research project subject to a management plan shall be informed in writing of the nature of the conflict and how it will be managed.
 7. If the Committee determines that the Institutional Conflict of Interest can be managed, the proposed management plan will provide sufficient detail to allow for complete elimination of the conflict, or acceptable management of it. Such a management plan may include, but is not limited to, any potential actions set forth in the University's Individual Conflicts of Interest Policy.
6. A factual report and recommendation of a plan for elimination or management of the conflict shall be transmitted to the President or his/her designee. The President or his/her designee, in consultation with the General Counsel, shall have final approval. If the Institutional Conflict of Interest involves the President, then the Chair of the Board of Regents or his/her designee, in consultation with General Counsel shall have final approval.
 7. Once approved by the President, the plan shall be transmitted to the appropriate Conflicts of Interest Office for implementation. Plans shall be implemented as follows:
 1. After development of a final, acceptable management plan and commencement of the activity, the appropriate individuals with oversight responsibility will regularly report, in writing, to the appropriate Conflicts of Interest Office on the effectiveness of the plan and the progress of the research, listing related peer-reviewed publications and grants. The frequency of such reports shall be made at least annually.
 2. If, during the conduct of the activity, the appropriate Conflicts of Interest Office determines that the conflict has not been properly managed, or has become unmanageable, or that the management plan is not being followed, he/she will then determine if the activity should cease, requires further modification, or requires employee divestment of an interest. If the plan requires further modification, the Conflicts of Interest Office will resubmit the plan to the Committee.
 3. All management plans shall include. A provision regarding notice to anyone who has a role in implementing the plan. This provision shall include notifying outside agencies of conflict resolution and management, in accordance with their requirements.



C. Sanctions

1. Disclosure of Conflicts of Interest—apparent, potential, and actual—is required for all employees as set forth in this policy and the Individual Conflicts of Interest Policy. Among other acts or omissions, failure to fully disclose conflicting relationships and/or interests or to follow a prescribed management plan is a serious breach of this policy and may itself be considered research or ethical misconduct.
2. Persons who violate this policy shall be subject to applicable University policies relating to research or professional misconduct by faculty and staff. With due regard to inadvertent violations, as determined by the President or President's designees, University sanctions may include, without restriction, reprimand, restitution, loss of pay, suspension, dismissal, or abrogation of tenure.
3. Furthermore, persons who violate this policy also may be subject to civil and criminal penalties for violations of state or federal law; e.g., civil penalties for willful violations of state laws may reach \$50,000.00 or more per violation. Allegations against an employee for breach of this policy may be reported to the appropriate Provost or Vice President or via any University compliance or ethics reporting hotline.