PRIOR APPROVAL OR DISCLOSURE
FOR COMPENSATED OUTSIDE PROFESSIONAL ACTIVITIES (CATEGORY I) OR
FOR INVOLVING STUDENTS IN OUTSIDE PROFESSIONAL ACTIVITIES

Name______________________________________  Academic Title _____________________________

Last First

Department__________________________________  College/School____________________________

For each Category I compensated outside professional activity in which you wish to engage or for involving students in outside professional activities in which you have a financial interest, answer the following questions. You may attach separate sheets, if necessary.

1. General description of the Business/agency/organization/group/individual:

_________________________________________________________________________________

2. Activities/products/services of entity described in 1 above:

_________________________________________________________________________________

3. Nature of your relationship to entity named in #1 (check all that apply):

_ Owner _ Consultant _ Stockholder/partnership interest

_ Board member _ Equity/royalty interest _ Salaried employee

_ Other, please explain:_______________________________

4. Category and type of activity in which you will be involved:

Category I Activities

_ Executive/managerial role

_ Outside teaching or grant activity

_ Salaried employee

_ Other potential conflict of commitment

Other Activity Requiring Approval

_ Involving students in outside activities in which you have a financial interest

5. Description of the nature of your (or your student’s) participation in this activity, including, if you wish, possible beneficial outcomes to areas of research, industry, and public service (or to your student’s education):

_________________________________________________________________________________

_________________________________________________________________________________

6. Beginning/ending month/year you could be involved in this activity:

______________________________

7. Fiscal year for which seeking approval:* __________________

8. Estimated number of days’ involvement during academic or fiscal-year appointment:________

9. Do you wish to take a full- or part-time leave while engaged in this activity?

______________________________

Faculty Member Signature Date Chair Date

_ Approval granted through fiscal year ending June 30, ________  _ Request denied

Dean Date

*Note: Approvals are generally for one fiscal year, but may be granted for a longer term, not to exceed five years.