

NDSU Consulting Authorization Request

Name _____ Title _____ Date _____

Department _____ College/Unit _____

Name/Address of Sponsor _____

Date(s) of Activity _____ Estimated Duration of Service _____

Nature of professional activity (describe in detail, use extra sheets if necessary).

Remuneration: Will you be paid a retainer fee or other form of remuneration for this professional activity? ? YES ? NO

Time: Please give an estimate of how much time per week will be spent on this activity. _____ hr/wk.

Facilities: Will this professional activity involve use of University facilities or resources? ? YES ? NO
If yes, please explain your needs and provide an estimate of the fee(s) to be paid.

Conflict-of-Interest: Will this activity constitute a conflict-of-interest? ? YES ? NO
If yes, please explain. If you are not sure, contact the University Counsel or Graduate Dean.

I affirm that the proposed external professional activity will not interfere with my regular University duties.

Approval Requested-Applicant _____ Date _____

Approval Recommended:

Chair _____ Date _____

Dean _____ Date _____

Director _____ Date _____

(If appropriate)

Approved: Provost/VPAA _____ Date _____

Approval of this application covers only the external professional activity you have described in this form. If you intend to engage in external professional activities other than those described above, you should submit a subsequent application and obtain the requisite approval.