

Name Title

Department Email

Name and Address of Sponsor

Is sponsor outside of U.S.? Yes No

Date(s) of Activity Activity hours per week, including travel time:

Describe in detail the nature of this activity; attach extra pages if necessary.

THIS IS AN EXAMPLE FORM FOR REFERENCE ONLY. PLEASE USE THE DOCUSIGN VERSION OF THIS FORM.

Remuneration: Will you be paid a retainer fee or other form of remuneration for this activity? Yes No

Facilities: Will this activity involve use of University facilities or resources? Yes No

If using University facilities or resources, 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 COI Committee Review: _____

If activity constitutes a conflict of interest, explain below. If you are not sure, contact the Office of Research and Integrity Compliance.

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 Consulting Authorization Request.

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

Applicant Signature and Date:

APPROVAL RECOMMENDATION:

Chair/Head:

Dean or Director

Final Approval: Provost or Designee

Additional Comments:

Note: This document should be retained in the employee's personnel file.