

July 1983

REQUEST TO ENGAGE IN OUTSIDE CONSULTING SERVICE
INVOLVING ADDITIONAL FINANCIAL COMPENSATION

NAME _____ DATE _____

DEPARTMENT Food Science and Technology

The policy of the Division of Agricultural Sciences requires prior approval by the Dean for each consulting commitment (Division of Agricultural Sciences' policy, April 30, 1975). Approval to engage in the proposed activity will be given for a one-year period and renewal will be based on reapplication.

ACTIVITY

Name and address of agency or firm:

name street
address city,
state, zip

2. Description of the activity including how involvement will provide experience and knowledge useful for your teaching and research and how you are able to make a contribution to knowledge by engaging in the activity.

20 lines of text can be added. Remove extra carrier returns as needed.

3. Consultation, where additional financial compensation is involved (as against providing similar services as a part of the normal public or professional service), is limited to times when you are not in a duty status (i.e., weekends, vacations, or leave without pay). Please provide an estimate of the time devoted to the activity including number of days per month and the length of time that level of commitment will continue.

4 lines of text can be added.

4. Description of the financial interest to the extent of whether income or investments are received in consideration of the service and whether you are a director, officer, partner, trustee, or hold any decision-making position in the business entity related to the proposed activity.

8 lines of text can be added.

5. Will University facilities, supplies, or equipment be used? Yes No
If yes, describe in detail.

8 lines of text can be added.

6. Are you now receiving or is there pending any grant/research support from the agency or firm identified in 1. above? If so, describe in detail.

10 lines of text can be added.

Additional information you feel necessary to provide adequate documentation and support for your request can be provided on additional pages.

APPLICANT'S SIGNATURE DATE

DEPARTMENT CHAIR'S RECOMMENDATION:

APPROVE _____ DISAPPROVE _____

DEPARTMENT CHAIR DATE

DEAN'S ACTION:

APPROVE _____ DISAPPROVE _____

DEAN/ASSOCIATE DIRECTOR DATE