PRIOR APPROVAL FORM
FOR OUTSIDE ACTIVITIES (CATEGORY I)

Name: ____________________________________ Faculty Title: ________________________________

Last  First  M.I. Academic- or Fiscal-Year Appointment: ________________________________

Department: ______________________________ College/School: ___________________________

For each Category I outside professional activity in which you wish to engage in outside professional activities, answer the following questions. Attach separate sheets, if necessary.

Type of activity in which you will be involved:

Category I Activities
Executive/managerial role: ______  Salaried employee: ______
Outside teaching or research activity: ______  Other potential conflict of commitment: ______

General description of the business/agency/organization/group/individual: ____________________________

______________________________________________________________________________________

Activities/products/services of entity described above: ____________________________

______________________________________________________________________________________

Nature of your relationship to entity named above (check all that apply):

Founder/co-founder: _____  Owner: ______  Consultant: ______
Board member: _____  Salaried employee: _____  Stockholder/partnership interest: _____
Equity/royalty interest: _____  Other, please explain: ____________________________

______________________________________________________________________________________

Description of the nature of your participation in this activity, including, if you wish, possible beneficial outcomes to areas of research, industry, and public service:

______________________________________________________________________________________

______________________________________________________________________________________

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

Fiscal year(s) for which seeking approval: __________________________

(Approvals are generally for one fiscal year but may be granted for a longer term not to exceed five years. Compliance reports must be submitted annually.)

Estimated number of days involvement during academic- or fiscal-year appointment: ______

Will you be requesting a full- or part-time leave without pay while engaged in this activity? ______

Approval granted through fiscal year ending June 30, _____

Request denied: _____

Department Chair  Date

Dean  Date

Faculty Member Signature  Date  Chancellor or Chancellor’s Designee  Date