

## **College of Pharmacy and Health Sciences Request for Approval of Outside Consulting**

Date

INSTRUCTIONS: Pursuant to section 3.54 of the Faculty Manual, each faculty member requesting approval for outside consulting should submit this form to his or her department chair, who will forward it to the Dean for consideration. Approval for each activity must be obtained in advance of the activity.

Faculty Member Name:				
Department:				
Rank:	Full time	% time	9-month	12-month
Type of agency for which work is to be performed:	Public:	Federal	State	Other:
	Private:	Profit	Nonprofit	
Work to be performed:				
Work to be performed for:	Estimate number of days		Dates to be performed	
	(8hrs=1day):		From:	То:
Will University facilities and/or other employees be used? If so, specify arrangements for University reimbursement:				
Is the organization for which the work is performed one in which you, your spouse, or your children:  Yes No own equity/stock or are a partner?  Yes No hold a management position?  Yes No participate in its on-going operations?  Yes No have a continuing role in the scientific/technical program of the organization?  Yes No will be transferring/applying non-patented technology or information developed at Drake University				
			Number of days previously requested during this academic year:	
Statement in support of request:				
Signature				
Evaluation by Chair: Recommended N	Not recommended	Sign	Signature	
Comments:				
		l d.		
Evaluation by Dean: Approved	Not approved	Sign	ature	
Comments:				