

**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