



WAYNE STATE UNIVERSITY

University Policy

03-4 Consulting By University Faculty And Research Personnel – Attachment

Form A

FACULTY AND RESEARCH PERSONNEL CONSULTING ACTIVITY REQUEST FOR APPROVAL OF EXCEPTION TO POLICY

Name _____

University Title _____

Calendar Year _____

Unit _____

1. Describe consulting activity proposed

2. Name agency for which consulting will be undertaken*

*(If the consulting activity is of a professional character and is covered by a body of professional regulations, which makes the consulting relationship confidential, cite the nature of the work and the applicable professional regulations.)

3. Scope of consulting activity for exception is sought

List Dates

List Hours on Each Date

4. Please indicate below which statutory exception applies to this consulting activity

_____ Consulting of which the University is primary beneficiary

_____ Consulting which is professional service involving only a nominal stipend.

Signature of Applicant

Signature of Chair

Exception from time limitations approved

disapproved

Signature and Title of Dean or Director

c: Applicant
Applicant's personnel file