

UNIVERSITY OF GEORGIA

COLLEGE OF PHARMACY

Annual Report on Outside Activities

This form is to be submitted by all faculty members who are required to report on outside activities under the policies of the University and the College regarding consulting, outside professional activities, outside teaching, outside speaking, and participating in outside business or service enterprises.

Name: _____ Academic Rank/Title: _____

Department: _____ Reporting Period: _____

I engaged in no outside activities as defined under Board of Regents' policy 802.16 and College of Pharmacy Consulting policy.

Please list activities in approximate chronological order (*use supplemental sheets as necessary*).

Description of Activity ¹	Location/Organization	Terms ²	Number of Days, Hours Per Mo/Wk/Yr

¹Outside Consulting Outside Speaking engagements
Outside Professional Outside Continuing Education
Teaching at Other Institutions Other (*e.g., business and service enterprises – Please describe*)

²Employee, Paid Consultant, Volunteer, Other (*Please describe*)

Faculty Member _____
Signature and Date

Department Head/Unit Director _____
Signature and Date

Dean _____
Signature and Date