

UNIVERSITY OF GEORGIA
COLLEGE OF PHARMACY
REQUEST FOR APPROVAL

Outside Activities

This form is to be submitted by all faculty members in advance of a faculty member's engagement in all outside activities regarding consulting, outside professional activities, outside teaching, outside speaking, and participating in outside business or service enterprises as defined under Board of Regents' policy 802.16 and College of Pharmacy Consulting policy.

Date: _____

Name: _____

Academic Rank/Title: _____

Department: _____

Reporting Period: _____

Organization sponsoring or receiving the service: _____

Nature of Proposed Activity:

____ Outside consulting

____ Outside Teaching Engagement

____ Outside Professional

____ Outside Continuing Education

____ Teaching at Other Institutions

____ Other (e.g., business and service enterprises – Please describe)

Estimated time involved for this activity. _____

Will work be performed entirely outside usual working hours? _____

Location where services will be performed. _____

Will any University facilities or support services be required? If yes, please describe.

Briefly describe the nature of work/activity that will be performed. _____

Period Covered: From: _____ To: _____

Faculty Member _____
Signature and Date

Department Head/Unit Director _____
Signature and Date

Dean _____
Signature and Date