

Robinson College of Business

REQUEST FOR APPROVAL TO ENGAGE IN OUTSIDE ACTIVITIES

NAME: ACADEMIC UNIT:

NAME AND ADDRESS OF ORGANIZATION:

DESCRIPTION OF OUTSIDE ACTIVITY: (be as complete and specific as possible; avoid abbreviations; attach sheet if additional space is required)

1. Would this activity involve compensation over and above out-of-pocket expenses?
(Check One) Yes No

2. CLASSROOM SUBSTITUTION: (Check One)

- No classes would require substitute instruction.
 Substitute instruction would be required in the following classes
(list course number, hour, and location along with substitute instructor's last name).

Course Number Hour Location

Substitute Instructor's Last Name

The alternative arrangements for covering these classes have been approved by the head of the academic unit in a memorandum on file in the department.

3. TIME AND AMOUNT OF TIME REQUIRED FOR OUTSIDE ACTIVITY:

This activity would begin on and end on and
(Date) (Date)

involve the following amount of time
(Hours or Days)

My engagement in this outside activity will not interfere with the regular and punctual discharge of my official University duties and responsibilities.

ONCE FORM IS COMPLETED, PLEASE SAVE, PRINT, SIGN, AND SUBMIT TO WANDA BARTLETT

Signature of Faculty Member Requesting Approval

Date

I recommend approval of this activity as described and presented herein.

Signature of Head of Academic Unit

Date

RECOMMENDED NOT RECOMMENDED

Dean, Robinson College of Business

Date