

DAKOTA STATE UNIVERSITY
Request for approval to engage in private practice, consult, or perform extra duties.

I, _____, have entered into a consulting contract with
(Name of faculty member)

(Name of company and location)

to provide the following services:

1. _____
2. _____
3. _____
4. _____

These services will be provided to the client from _____ to
(beginning date)
_____ and will take an estimated _____ hours
(ending date)

to complete. (I have **attached** a brief explanation of how my normal university responsibilities will be covered for the period of time covered by this consulting contract.) University facilities and/or equipment _____ be used by me to complete the requirements of this
(will/will not)

contract. (I have **attached** a brief description of how/when university facilities and/or equipment will be used, if appropriate and how the institution will be reimbursed for that use.)

The services I perform under this consulting contract are in conformity with the ethics of my profession. They are also beyond the scope of duties assigned as part of my normal DSU workload.

/__/_/ Above consulting activity will result in course credit awarded by DSU.

/__/_/ Above consulting activity is being performed totally independent of DSU's instructional program.

Approval:

Date

Signature of Applicant

Date

Dept. Chairperson or Director

Date

Vice President

Date

President

Attachments: /__/_/ Arrangements for missed courses/activities
/__/_/ Use of University facilities or equipment