

## Research Policies



### 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 regulation: 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.

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Signature of Applicant

Date Signature of Chair    Date

Exception from time limitations approved \_\_\_\_\_ disapproved \_\_\_\_\_

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Signature and Title of Dean or Director    Date

c: Applicant

Applicant's personnel file

**Wayne State University Policy Office**

5700 Cass Avenue, Suite 4900 A/AB  
Detroit, MI 48202 (map)  
Phone: 313-577-5580  
Fax: 313-577-2338

Business Hours: 8:30am - 5pm Mon-Fri  
wsupolicies@wayne.edu

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