

## AUTHORIZATION TO PERFORM PRIVATE CONSULTING

Reference: UAR 114.01 – (Revised 1/4/2011)

1. Nature of work to be performed:

2. Estimated time per week to be involved:

3. Duration of the assignment:

4. Arrangements made for classes and other responsibilities missed:

REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(signature)

\_\_\_\_\_  
Name (typed) DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

cc: Provost