

Copying Machines: _____

Student Assistance (identify by name and expected assignment):

9. Does this outside activity require the use of University facilities other than those described above?

YES

NO

If yes, describe:

Faculty Member

Date

School/Department Chair

Date

Dean/Director

Date

Is this an outside teaching opportunity (Provost Signature Required)

Is this an appeal of an outside employment request? (Provost Review & Signature Required):

PROVOST APPROVAL (TEACHING):

PROVOST APPEAL DECISION:
