



# Request for Approval to Perform Outside Service / Consulting

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Academic Year

Name: Last, First, Middle

Rank/Title:

Department

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Description of outside service: (A separate form must be completed for each entry for whom outside service is to be performed.)

1. Entity for whom service is to be performed:

Name:

Address:

2. Nature of service: (Explain in detail—use additional pages if necessary.)

3. Does the entity for whom you will be performing service conduct business either directly or indirectly with Miami University?  
(Yes No ) If yes, please explain:

4. Will any portion of this service be performed on campus or otherwise involve the use of University resources?  
(Yes No ) If yes, please explain:

5. Will the performance of outside service cause you to reschedule or otherwise provide substitute coverage of one or more scheduled classes or laboratories? (Yes No ). If yes, please describe:

