

**REPORT OF FACULTY CONSULTING AND OTHER COMPENSATED  
PROFESSIONAL ACTIVITIES  
College of Science and Engineering**

Faculty Name: \_\_\_\_\_ Department: \_\_\_\_\_

Person, organization or company for which the outside work will be done:

\_\_\_\_\_

Proposed activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated time of this activity (e.g., number of days or hours)

\_\_\_\_\_

Date range of this activity

\_\_\_\_\_

I attest as follows:

I have reviewed Western's policy on consulting and other compensated professional activities (POL-U5400.18) and agree that the proposed activity described above meets the conditions of this policy.

\_\_\_\_\_

Faculty Signature

\_\_\_\_\_

Date

*1 copy to department*

*1 copy to Dean's office*

