

Virginia Commonwealth University
Request for Approval of Outside Professional Activity
and Continuing Education

(This form is to be submitted in advance of a faculty member's engagement in outside professional activity and continuing education as required by the university's policies concerning outside professional activity and employment, research, and continuing education.)

Name _____ Academic rank and/or title _____ Date _____

Department _____ School _____

Nature of proposed activity or service:

Will any university facilities or support services be required? If so, describe:

Organization sponsoring or receiving the service (include name and address of responsible person):

Dates of delivery of activity or services:

Total days required including preparation time:

Chairman's recommendation:

Date

Dean's decision:

Date

Submit in triplicate:

Original in Dean's files

Copy returned to faculty member

Copy returned to chairman

**Virginia Commonwealth University
Report on Outside Professional Activity
and Continuing Education**

(This form is to be submitted at the end of the contractual year for a faculty member's engagement in outside professional activity and continuing education as required by the university's policies concerning outside professional activity and employment, research, and continuing education.)

Name and rank _____

Reporting period _____
(beginning and ending dates of faculty member's contractual obligation to VCU)

Department _____ School _____

List Activities in Approximate
Chronological Order

| Organization | Activity or Service | Number of Days |
|---------------------|----------------------------|-----------------------|
|---------------------|----------------------------|-----------------------|

Extend on supplementary sheet if necessary

Faculty member's signature _____ Date _____

Submit in triplicate: **Original** in Dean's files **Copy** returned to faculty member **Copy** returned to chairman