

# IOWA STATE UNIVERSITY

OF SCIENCE AND TECHNOLOGY

COLLEGE OF ENGINEERING

*Department of Electrical and Computer Engineering*

## Intraoffice Independent Consulting Activity Request Form

**Directions:** *Please use a separate form for each consulting activity*

Name \_\_\_\_\_

**Projected Consulting Period** (mm/dd/yy – mm/dd/yy) \_\_\_\_\_

**Projected Consulting Time** (equivalent days/month) \_\_\_\_\_

**Sponsor Person/Organization** \_\_\_\_\_

Address \_\_\_\_\_

City, ST ZIP \_\_\_\_\_

Tele: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

URL: \_\_\_\_\_

**Does a potential for conflict of interest exist?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**If yes,** define the nature and extent of any relationships and identify the entities with which the relationships exist. Documentation such as a contract, letter, or other communication that specifies the nature and extent of your obligation and duties may be included as part of the disclosure.

**Other comments on conflict of interest**

**Consulting Description**

\_\_\_\_\_  
**Name (print):**

\_\_\_\_\_  
**Date**

### DEPARTMENTAL ACTION

**Request Granted** ☐

**Request Denied** ☐

\_\_\_\_\_  
**David C. Jiles, Dept. Chair, ECpE**

\_\_\_\_\_  
**Date**

☐ Dept. Consulting Folder (Copy)   ☐ Dept. Personnel File (Original)   ☐ Submitter (Copy)