Consultancy Routing and Review Form

Use this form to route the Consultancy Contract for internal review and approval (required attachments are listed below).

**AUS Faculty Consultant(s)**
Name:
College/School:
Department:
Email:

If the consultancy takes place during a Summer Semester, are any involved faculty teaching courses? Yes ☐  No ☐

**Project**
Project Title:
Client Name:
Place and Duration of Project (*indicate dates clearly)*:
Contract Amount:

**Conflict of Interest Statement**
I, the undersigned Faculty Consultant, acknowledge that there is no direct or indirect conflict of interest as per AUS ‘Conflict of Interest Guidelines’ (see below).

____________________________   _______________
Faculty Signature      Date

**Approvals**

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department Head</td>
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<tr>
<td>Dean of College/School*</td>
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<tr>
<td>Office of Research</td>
<td>Kathleen Furr</td>
<td></td>
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<tr>
<td>Provost &amp; Chief Academic Officer</td>
<td>(Acting) Kevin Mitchell</td>
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<tr>
<td>Chief Operating Officer</td>
<td>Jeannette Vinke</td>
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<tr>
<td>Chancellor</td>
<td>Björn Kjerfve</td>
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*For joint consultancies between academic units, signatures of all relevant Deans are required*

This form should be submitted to the Office of Research with:
- ‘Consultancy Revenue Form’
- **TWO** original Consultancy Contracts (signed by the client)

All materials and forms are available on iLearn: Community–Office of Research–Research–Consultancies.