

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

	<i>Name</i>	<i>Signature</i>	<i>Date</i>
Department Head			
Dean of College/School*			
Office of Research	Kathleen Furr		
Provost & Chief Academic Officer	(Acting) Kevin Mitchell		
CC: Chief Operating Officer	Jeannette Vinke		
Chancellor	Björn Kjerfve		

**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.*