**Request Approval of Professional Outside Activity**

Please complete this form with sufficient information concerning the proposed outside activity.

By submitting this form, you confirm that you have reviewed and you agree to comply with the following applicable policies: [Conflict of Commitment and Outside Activities of Faculty Members](https://aub.policytech.eu/dotNet/documents/?docid=2931&public=true) and [Conflict of Interest and Disclosure Policy for AUB Employees](https://aub.policytech.eu/dotNet/documents/?docid=2071&public=true).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the proposed outside activity including nature of the work, location of the work, and the institution/organization/company:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Type: Consulting\_\_\_\_ Clinical care (FM): \_\_\_\_\_\_\_\_\_\_ Teaching: \_\_\_\_\_\_\_\_\_\_

Date(s) of the proposed outside activity:

* Start date (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* End date (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of days during the included period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is the number of days consistent with the allowed limits in the policy: Yes \_\_\_\_ No\_\_\_\_

[Provide brief justification or additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ]

* Does the outside activity include travel outside Lebanon: Yes\_\_\_\_ No\_\_\_\_

[If yes, where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ]

University responsibilities during the outside activity period: Include plan/arrangements for covering teaching, clinical care, administrative, and/or research duties and responsibilities during the outside activity period. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing and submitting this form, I certify that the proposed outside activity is in accordance with the [Conflict of Commitment and Outside Activities of Faculty Members](https://aub.policytech.eu/dotNet/documents/?docid=2931&public=true) policy, and does not affect my ability or divert my attention from fulfilling my obligations towards the University.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature Date

**Approval**

I have reviewed the above request and certify that the proposed outside activity is in accordance with the [Conflict of Commitment and Outside Activities of Faculty Members](https://aub.policytech.eu/dotNet/documents/?docid=2931&public=true) policy.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Division/Department Chair

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Faculty/School

For teaching courses outside AUB, the following additional approvals are required:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President