

**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:

Department Chair's recommendation:

\_\_\_\_\_  
Date

Dean's decision:

\_\_\_\_\_  
Date