Name:
______________________________________________________________

Department:  
______________________________________________________________

Company or Entity:  
______________________________________________________________

Copies of the proposed consulting agreement and any attendant non-disclosure agreements must be included with this request.

1. What is the estimated time commitment?  
__________________________________________________________________

2. What is the remuneration expected?  
__________________________________________________________________

3. Describe the work to be done.  
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

4. Do you currently receive, have you in the past or do you anticipate in the future, any research funding from the company or its affiliates or subsidiaries? Yes ___ No ___

If Yes, explain.  
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

5. Will any University funds, facilities or resources be used for the activities described in the proposed agreement? Yes ____ No ____  
If Yes, explain  
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

6. Are you asking the University to waive ownership of intellectual property?  Yes ____ No ____

7. Has the following wording been recommended to the company for insertion before any IP clause: “Subject to the superior rights of the University of Pittsburgh under its Copyright and Patent Policies, and only if the University has first waived such rights…”?  Yes ____ No ____

8. Was this wording accepted by the company? Yes ____ No ____  
If the answer is No, include documentation regarding why company will not accept this wording.
FACULTY CERTIFICATION: I affirm that the outside work proposed in this consulting agreement will not impair the time and energy devoted to my regular University duties.

FACULTY SIGNATURE ______________________________________ DATE ________________

CHAIR’S CERTIFICATION: I have reviewed this form and affirm that any potential conflict of interest has been appropriately managed. I approve:

   Proposed consulting agreement _____
   IP waiver (if requested) _____

CHAIR’S SIGNATURE: ______________________________________ DATE ________________

DEAN’S CERTIFICATION: I approve:

   Proposed consulting agreement _____
   IP waiver (if requested) _____

DEAN’S SIGNATURE ______________________________________ DATE ________________