

The DIETRICH School of
Arts & Sciences

Request for Review of Faculty Consulting Agreement

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 _____