AIU AMERICAN INTERNATIONAL UNIVERSITY

Professional Consultancy Disclosure and Approval Form

Any academic member intending to undertake professional consultancy work must complete this form.
Academic members are advised to review and adhere to relevant policies (FAC-010 & FAC-011)

Type of Consultancy:

☐ **Professional Consultancy:** Any professional activity where a fee-for-service or equivalent relationship with a third party exists. AIU name and facilities may be used.

☐ **Independent Professional Consultancy:** Any professional consultancy where an academic member does not use AIU name or facilities.

☐ **Institutional Professional Consultancy:** Any professional consultancy where an academic member engages in activities initiated and/or administered by the University.

Disclosure of Professional Consultancy	
Academic Member Name	
Division/Department	
College	
Client Organization:	
Description of the Project	
Number of Consultancy Days	
Consultancy Start and end dates	
Identify any use of AIU services, facilities or staff time, if any.	
Identify how AIU name will be used if any.	

Does the consultancy create any conflict or perceived conflict of interest? ☐ Yes ☐ No

If Yes, please describe:

Declaration:

I, the undersigned, declare that I have read and adhere to the AIU policies. I further declare that the client and I understand that the consultancy work that I intend to perform has no implications or labiality on AIU and I am acting in a private capacity and as such a release AIU of any liability is introduced in the consultancy agreement.

_____ _____

Academic Member Signature *Date*

Approval: ☐ Yes ☐ No

_____ _____

School Dean Signature *Date*