WEST VIRGINIA STATE UNIVERSITY  
OUTSIDE SERVICES REVIEW FORM  

Semester ______________ Year 20____

1. ARE YOU EMPLOYED ONLY BY WEST VIRGINIA STATE UNIVERSITY? YES____ NO____  
   IF YOUR ANSWER TO THE ABOVE QUESTION IS NO, PLEASE SUPPLY THE FOLLOWING INFORMATION:

   (OTHER EMPLOYER’S NAME AND ADDRESS)

   (POSITION)

   APPROXIMATE NUMBER OF HOURS PER WEEK ______

2. Are you presently a paid professional at someplace other than WVSU? Yes ____ No____  
   If your response is Yes, please explain the nature of the professional service(s), the individual or group which engages your services(s), and the number of hours per week (or month) that you regularly spend in this service.

   ____________________________________________________________________________________

   ____________________________________________________________________________________

3. Are you self-employed? Yes _____ No _____  
   If the answer is Yes, please explain the nature of your self-employment and approximate number of hours per week you spend in this occupation.

   ____________________________________________________________________________________

   ____________________________________________________________________________________

   ____________________________________________________________________________________

   I understand that if any of the above information changes during the semester, I am responsible for submitting a new Outside Service Review Form to the office of Dean of my College.

   ____________  I declare that to the best of my knowledge, the above information is true and correct.  

   ____________

   (Printed Name)  (Signature)

   (Department)  (Title)

   (Date)