**INDUSTRY ENGAGEMENT OF NORTHEASTERN FACULTY MEMBER**

**Application and Questionnaire**

***TO BE COMPLETED BY THE FACULTY MEMBER***

Northeastern University is committed to supporting fundamental research and innovation through the exploration of relationships between faculty members and industry partners. This application and questionnaire must be completed by full-time faculty members who are requesting a change in their full-time status due to their engagement (employment or unpaid appointment) with an industry partner.

In order to evaluate a proposed engagement, you must complete this *Application and Questionnaire* in full (please attach additional information as needed or required) and submit it to your Department Chair or Dean.

**NOTE:** In all cases, the primary factor in evaluating any proposal will be the benefit to the university and alignment with its mission and vision.

Any approved engagement will be for an initial period of up to one year, subject to periodic review, and will be re-evaluated promptly if you are participating on or are awarded a new, extramurally-funded research grant or contract during the term of the engagement. The university reserves the right to require any engagement to be terminated or modified at any time, with reasonable notice, if, in the discretion of the university, circumstances warrant a change.

*Please allow approximately 8-10 weeks from the date you submit your Application and Questionnaire for the evaluation process to be completed. The Faculty-Industry Review Group may contact you with follow-up questions or requests for additional information.*

**Faculty (Applicant) Information**

Name:

Title:

Department/College:

**Proposed Engagement**

Please attach a detailed description of the proposed engagement, including (at a minimum) the following information:

* 1. Name and address of industry entity
  2. Name, title and contact information of primary contact at the industry partner
  3. Nature of the engagement; including employment details
  4. Time commitment and proposed schedule
  5. Description of any university resources requested to be used in connection with the engagement, including lab space and equipment
  6. How you propose to manage your course load, office hours and other university obligations
  7. The intended goal or result of the industry engagement
  8. How the engagement benefits the university and furthers its mission

**Questionnaire**

1. If you are requesting part-time status or a reduction in hours, how many hours per week do you propose to be present at the university? (NOTE: Any reduction in hours may impact your benefits and/or status at the university.)
2. How will your teaching assignment be affected by this change?
3. Do you have a Conflict Management Avoidance Plan (CMAP) in place? If yes, please attach a copy. (If no, a CMAP will likely be required; Lin Qin from the university’s Compliance Department will contact you to begin the process.)
4. Do you have any financial or personal/family relationship with the proposed industry partner? If yes, please provide all details.
5. Are you currently conducting any sponsored research or related activities at the university? If yes, please provide your other research support report and describe how the grant and contract activities will be managed during your absence. Please also specify your time commitment (percentage) for each grant or contract.
6. Are any students, graduate research assistants, or post-doctoral researchers involved in your university research? If yes, please provide details and describe how they will be supervised during your absence.
7. Will the proposed engagement relate to national security or defense, or otherwise have potential military applications? If yes, please describe.
8. Do you propose to conduct the research or other activities for the industry partner in your lab at Northeastern during the proposed engagement? If yes, please describe.
9. Is there any draft or final memorandum of understanding, agreement and/or contract between you and the industry partner? If yes, please provide a copy of all relevant documents.

**Notice to Lab Members**

A form “Notice to Members of My Lab” is appended to this application. Please complete (filling in ALL blanks) one form for each of the graduate students with whom you work in your lab or as an academic advisor and have the graduate student sign to acknowledge receipt of the form. Attach copies of all completed and signed Notices to this application.

**Notice to Grant Administrator**

I confirm that I have notified the Grant Administrator for my College or Department of the details of the engagement proposed in this application and questionnaire, and we have discussed the implications of the proposed engagement on my current and pending grants.

Signed:

Date of submission:

***Submit the completed application and questionnaire and   
the fully-executed Notices to Lab Members to your department chair.***

***NOTE: You may be contacted with follow-up questions, requests for additional information, or to schedule an in-person meeting with members of the Faculty-Industry Review Group.***

[*Approval status indicated on following page*]

**Proposal approved by:**

*Northeastern University Department Chair / Group Chair:*

Signature: Date:

Name: Title:

*College Dean:*

Signature: Date:

Name: Title:

If faculty member is jointly appointed in a second Northeastern University unit:

*Northeastern University Department Chair Group Chair of secondary appointment:*

Signature: Date:

Name: Title:

*College Dean of secondary appointment:*

Signature: Date:

Name: Title:

**Notice to Members of My Lab**

My name is Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I have \_\_\_\_ students working in my lab and/or \_\_\_\_ students I advise in their academic pursuits.

I receive research funding from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Company) and have IP (Yes/No) and/or licensing agreements (Yes/No) with the University.

As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), if approved by the university, my relationship with the university will change, such that:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that your research must primarily be for academic reasons to further your studies and/or your professional career endeavors. To this end, the research in which you are involved will not be shaped or linked to serve my industrial engagement.

If, at any time, you have any concerns about whether your research may be focused toward my outside relationship(s) with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Company) or that your academic progress and/or ability to publish has been impacted by my industrial engagement, I encourage you to contact the Department Chair,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Kimberly Wong (Graduate Ombuds) at   
617-373-6904 or the Compliance Department at 617-373-5211.

I look forward to continuing to work with you in your academic pursuits.

Kind regards,

Today’s Date:

(Print Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I acknowledge receipt of the above information. I understand that I may at any time address any questions about this matter to the persons and offices named above.**

Received by:

Today’s Date:

(Print Student/Staff Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: Office of the Dean for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of College)