UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA APPLICATION FOR PERMISSION TO UNDERTAKE PRIVATE CONSULTANCY

| A. | To be completed in triplicate by application To Head of Department Department: | | From: |
|--|--|-----------------|-------|
| Client: | | | |
| Estimated duration: Faculties required for consultancy: Will University facilities be used? | | | |
| | | | |
| | Applicant's Sig | gnature: | |
| В. | | | |
| To be | completed by the Head of Department | t | |
| I recommend/ do not recommend this work. | | | |
| Head of Department: | | | |
| | | Date: | |
| Where | e not recommended, reasons should be | e stated overle | af |
| | completed by the Dean rove/ do not approve the application | | |
| | 1 | Dean's Signatı | ure: |
| | | D | ate: |
| Cc: | The Applicant The Head of Department | | |

Dean