



MOREHOUSE
COLLEGE

CONSULTANT REQUEST FORM

PLEASE SUBMIT THIS FORM COMPLETED, WITH THE APPROPRIATE SIGNATURES PRIOR TO SUBMITTING THE REQUISITION FORM.

DATE _____

CONSULTANT NAME _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE (_____) _____

BUSINESS ADDRESS _____

CITY/STATE/ZIP _____

BUSINESS PHONE (_____) _____

DATE(S) FOR CONSULTING _____

CONSULTING FEE DUE _____

CONSULTANT RESPONSIBILITIES _____

CONSULTANT SIGNATURE

DATE

CONSULTANT SSN

DEPARTMENT HEAD/PROGRAM DIRECTOR

DATE

830 WESTVIEW DRIVE, SW * ATLANTA, GA 30314