

Graduate Student Affairs Committee

Guest Speaker Funding Application

Department: _____ Address: _____

Host's Name: _____ Phone: _____

Speaker's Name: _____ Speaker's Social Security #: _____

Speaker's Address: _____

Is the speaker currently a State of Connecticut employee? _____

Has the speaker ever contracted with SCSU at any time in the past 12 months? _____

Cost of Speaker: _____ Day/Date of Lecture: _____ Time: _____

Nature of Lecture: _____

Approximate Number Attending Lecture: _____ Name/Number of Course: _____

Room Requested: _____

Have you applied for or received any other funding for this speaker? Yes No

If yes, list amounts and sources:

Amounts Sources Pending Received Denied

_____ Pending Received Denied

Signature of Department Host _____

Signature of Department Chairperson _____

Please Submit To:

Arlene Lucibello
GSAC Coordinator
SCSU Lyman Center Room 116
501 Crescent St.
New Haven, CT 06515

For Office Use Only

Date Received: _____ Date Reviewed: _____ Reviewers' Initials: _____

Application Approved: Yes No Amount Approved: _____ Amount Awarded: _____