

Guest Lecturer Request Form

GUEST INFORMATION:		
Name of Guest:		
Fee Requested:		
Is the guest employed by a USG	Ginstitution (including KSU)?	Yes No
If so, Name of Institution:		
Guest's Email:		
Guest's Phone Number:		
Guest's Address:		
Street:		
Street 2:		
City:	State:	Zip Code:
Website or link to information about your guest:		
VISIT INFORMATION:		
Proposed Start Date:		
Proposed End Date:		
Course #:		

Title of Lecture/Event:	
Description of Lecture:	
Are there any travel fees associated with t	his visit?
Yes: No:	
If yes, please list estimated fees below:	
Airfare:	
Hotel:	
GroundTransportation:	
Other: Descript	tion of Other:
Name of faculty member requesting guest:	
Print Name	Signature
Director Approval:	
Amount Approved:	
Speed Chart:	
Print Name	Signature
	Date: