

Department or School Research Talk Request Form

(Only Chair or Graduate Director Can Complete This Form)

Name (please print) _____ Rank (check one): Chair _____ Director _____
Email Address _____ Phone # _____ MC _____
Department/ School _____ College _____
Planned Date and Time _____ Planned Location _____

Title of Proposed Research Talk or Colloquium: _____

Brief Description of the Research Talk or Colloquium: _____

List of Additional Resources Already Secured:

College Dean	Specify Amount:\$ _____
Other Unit	1. Specify Amount:\$ _____
Other Unit	2. Specify Amount:\$ _____

List of at least 10 Graduate Students Who Will Attend/ Have Been Invited to Attend:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach Any Additional Materials to this Form, if Necessary)

Signature of the Requestor _____ Date: _____

Signature of the Chair or Graduate Director _____ Date: _____
(If Other than Requestor)