

Stockton University
Guest Lecturer Payment Request Form

Date of Request: _____

Presenter Information:

Name: _____

Mailing Address: _____

Email address: _____

Phone number: _____

Presentation Information¹

Title of Lecture and/or Lab session(s): _____

Course acronym and name: _____

Date (s) and time(s) of presentation: _____

Location: _____

Total hours: _____

Amount of Compensation for the guest speaker: ____ hour(s) X \$ ____ program accepted rate/hour = \$ ____ (total)

Course Faculty/Instructor (who will be proctoring the presentation): _____

Course Coordinator Name: _____

Please submit this form for approval signatures to the Course Coordinator, Chair, and Associate Dean/CNA (if nursing), and finally to Kent Mayhew kent.mayhew@stockton.edu at **least six (6) weeks** before the scheduled guest lecture presentation.

Signature of Course Coordinator

Date

Signature of Chair

Date

Signature of Associate Dean/CNA (if nursing)

Date

¹Note: Any changes in the above information following submission of this form, such as the guest lecturer's presentation time, must be communicated as soon as possible to the SHS Budget Administrator, Kent Mayhew, and all approval levels (below).