Graduate Colloquium Proposal Form

Speaker information

Name:		
Address:		
City:	State:	Zip code: _
Spon	soring Departn	nent
Department:		
Sponsoring applicant: (Graduate student or graduate faculty working		
Phone:E	-mail:	
Lecture date: Click here to enter a date.	Time:	
Location:		
Title:		
Seminar date: Click here to enter a date.	Time:	
Location:		
Titla.		

Justification of lecture topic: (Please provide a paragraph with a complete description of
the topic. Ex: How this topic relates to graduate-level students. Are there graduate classes being
offered on a similar topic next year? Are there Ph.D. students who are working in this topic? How
do the speaker's research interests correspond with your graduate student's interest?)
Justification of seminar topic: (Please provide a paragraph with a complete description of the topic. Ex: How this topic relates to graduate-level students. Are there graduate classes being offered on a similar topic next year? Are there Ph.D. students who are working in this topic? How do the speaker's research interests correspond with your graduate student's interests?)
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Role of graduate students in speaker selection. <u>Proposals omitting this information will not be</u>
<u>funded.</u> The process should involve a systematic, relatively formal department-wide process in
which students should be involved in the initial generation of potential speakers and have a major
role in the final voting/selection of the speaker. (Please provide a paragraph explaining the
graduate student decision-making process). For example, please state if a student committee met
to generate a list of potential speakers, if all graduate students in your program were given the
chance to vote on their preferred speaker, or if other procedures were used to make the selection.

Qualification of the speaker

Summary C.V. or scholarly-directory information must be attached (you may copy/paste C.V. here or add C.V. at of the proposal form)

(NO MORE THAN TWO PAGES)

You can copy/paste here or add at the end of the proposal.

Budget

If total payment to speaker is \$400 or less, do not itemize. Over \$400 MUST provide an estimated itemized budget. (*Double click the table, and then click in the area to place your numbers*).

PLEASE DO NOT REMOVE ANY ITEMS ON THE TABLE. IF YOU HAVE NOTHING TO PLACE IN THE SECTION LEAVE IT BLANK.

Travel (as appropriate)

	Number		Am	nount	Total	
Airfare average 2 week advanced purchase coach fare					\$	-
Transportation for departing airport limo		\$		115.00	\$	-
Transportation for arrival airport limo		\$		115.00	\$	-
Personal auto use		\$0	.580	per mile	\$	-
Rental car (rent, gas/tolls)						
Hotel HSC		\$	89	per night	\$	-
Meal per diem		\$	28	per day	\$	-
Speaker fee						
Total					\$	-

Multiple sponsoring units must indicate proportion to be allocated to each unit.

Academic Unit:	Amount: \$	
Expenditures are to cover:		
Academic Unit:	Amount: \$	
Expenditures are to cover:		
Academic Unit:	Amount: \$	
Expenditures are to cover:		

TOTAL BUDGET REQUEST TO COLLOQUIUM COMMITTEE: \$		
Sponsoring applicant's signature:		
Approval of chair or program or center director:		
If Colloquium funds are being requested by more than one academic unit, heads for ALL units must sign the proposal as authorization for the distribution of the funds.		
Academic unit:	_ Signature:	
Academic unit:	_ Signature:	
Academic unit:	_ Signature:	
Do you wish to have us prepare 25 free posters? YES NO		
*** <u>Remember to</u> Attach a C.V. Have signatures of Department Chair/Director/Center Director		

Completed and signed proposals are to be sent electronically by the due date to

Debbie Williams
Graduate Colloquium Office
Adams Hall, Room 219
Northern Illinois University
Office- 815-753-0425
Fax- 815-753-6366
dwilliams16@niu.edu or
gscolloq@wpo.cso.niu.edu

Departments must notify the Colloquium office if a speaker has cancelled their visit to NIU within 24 hours of the schedule talk.