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**Short course, workshop and symposia (SC/WKSHP/SYM)**

**PROPOSAL SIGNATURE PAGES AY 2017-18**

This **two-page** form must be completed for each department with one or more PIs requesting funding through the Short Course, Workshop and Symposia Program. All information except signatures must be typed. Forms must be scanned and included with the rest of the application materials in one single pdf file sent to csucoast@csumb.edu.

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| --- |
| **Proposed Short Course/Workshop/Symposium Title:** |
|  |  |
| **Principal Investigator(s)** |  |
| Name: |  | Campus:  |  |
| Department:  |  | Email: |  |
| Phone: |  |  |  |
| *I understand that an award, if made, will be routed through the College and that the Department may be asked to assist in implementing the award.*  |
| Signature: |  |  | Date: |  |
| *Please cut and paste the five rows above for additional PIs within the same department.*  |
|  |
| **Amount of Funding Requested:** |  |  |
| **Chair:**  |  | Department: |
|  |  |  |  |  |
| Email: |  | Phone: |
|  |  |  |  |  |
| *I approve the proposed budget and understand that an award, if made, will be routed through the College and that the Department may be asked to assist in implementing the award.*  |
| Signature: |  |  | Date: |  |
| **Dean:** |  | College: |
|  |  |  |  |  |
| Email: |  | Phone: |
|  |  |  |  |  |
| *I approve the proposed budget and understand that an award, if made, will be routed through the College.* |
| Signature: |  |  | Date: |  |
| **Dean’s Resource Manager/Budget Analyst:** |  |  |
|  |  |  |  |  |
| Email: |  | Phone: |
|  |  |  |  |  |
| *I approve the proposed budget and understand that an award, if made, will be routed through the College.* |
| Signature: |  |  | Date: |  |
|  |  |  |
| **Campus Pre-Award Officer:** |  |  |
|  |  |  |  |  |
| Email: |  | Phone: |
|  |  |  |  |  |
| *I approve the proposed budget and understand that an award, if made, will be routed through the College.* |
| Signature: |  |  | Date: |  |