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

**PROPOSAL COVER PAGE ay 2020-21**

All information must be typed. The Cover Page must be included with the rest of the proposal materials in one single pdf file sent to [csucoast@csumb.edu](mailto:csucoast@csumb.edu).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposed Short Course/Workshop/Symposium Title:** | | | | | | | |
|  |  | | | | | | |
| **Total Amount of Funding Requested from COAST:** | | | | | | | |
|  |  | | |  | | | |
| **Proposed Date(s):** | | | | | | | |
|  |  | | |  | | | |
| **Proposed Location:** | | | | | | | |
|  |  | | |  | | | |
| **Date Proposal Submitted:** | | | | | | | |
|  |  | | |  | | | |
| **Please check box if this proposal is a Grant Development Program companion submission** | | | | | | | |
|  |  |  | | | | | |
| **Principal Investigator** | | | | | | | |
| Name: | | |  | |  | Campus: |  |
| Department: | | |  | |  | Email: |  |
| Phone: | | |  | |  |  | |
|  | | | | | | | |
| **Co-Principal Investigator** (cut and paste this section for additional co-PIs) | | | | | | | |
| Name: | | |  | |  | Campus: |  |
| Department: | | |  | |  | Email: |  |
| Phone: | | |  | |  |  | |

**Application Submission (Pre-Award Office)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Submitted By: | |  | Campus: | |
|  |  |  |  |  |
| Position: | |  | Email: | |
|  |  |  |  |  |
| Phone: | |  |  | |
|  |  |  |  | |