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**SEMINAR SPEAKER SERIES AY 2017-18**

**APPLICATION**

Review of applications for funding for Fall 2017 will begin **July 5, 2017.** Review of applications for funding for Winter/Spring 2018 will begin **October 2, 2017.**

Up to $700 can be requested for reimbursable travel expenses (up to $1,000 for travel to or from Humboldt State University).

All information except signatures ***must be*** ***typed***. After signatures are added, scan this two-page application as a PDF and submit it as an email attachment to [csucoast@csumb.edu](mailto:csucoast@csumb.edu).

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| **Faculty Host**  Full Name: | | | | | | | | | | | Campus: | | | | |
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| Department: | | | | | | Phone: | | | | | Email: | | | | |
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| Amount of Funding Requested: | | | | | | |  | | | |  | | | | |
| Signature: | | |  | | | | | | | |  | | | Date: |  |
| **Host Department Chair**  Full Name: | | | | | | | |  | Department: | | | | | | |
|  | |  | | | | | |  |  |  | | | | | |
| Email: | | | | | | | |  | Phone: | | | | | | |
|  | |  | | | | | |  |  |  | | | | | |
| Signature: | | | |  | | | | | | | | |  | Date: |  |
| **Host Department Fiscal Contact**  Full Name: | | | | | | | |  | Department: | | | | | | |
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| **Proposed Seminar Information**  Speaker Name: | |  | Campus: | |
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| Department: | |  | Phone: | |
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| Email: | |  |  | |
|  |  |  |  |  |
| Approximate Date of Seminar: | |  |
|  |  |  |
| Working Title of Seminar: | |  |
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If relevance to COAST is not readily apparent from the working title of the seminar, please use the space below to explain how the speaker’s topic relates to COAST.

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