

Master Class/Lecture Request Form

Complete this form and return to Betsy for approval and processing a minimum of 3 weeks prior to the visit.

Please select one:

Master Class Guest Lecture Other _____

Description of Master class/Lecture: _____

Course #: DANC _____ Course Title: _____

Date(s) of visit: _____

Requested pay rate: \$ _____ If "\$0", the guest is considered a volunteer and all necessary volunteer forms must accompany this form.

Vendor's Business Name: _____

Guest Full Name: Last: _____ First: _____ M.I.: _____

Address: _____

City, State & Zip: _____

Email: _____

Phone #: _____

Has the guest previously received payment from CSULB? Yes No

If yes, please explain: _____ When? _____

Has the guest ever been a student at CSULB? Yes No

Will the guest be working with minors? Yes* No

Requestor to be present during the visit? Yes No

Requestor's Signature: _____ Date Submitted: _____

Once approved a *Payment Request Form* will be returned to your mailbox. Have the guest sign it upon arrival to campus and ask for their Vendor Data Record 204 form if new to campus. Return all forms to Jen.

OFFICE USE ONLY

Funding Source:

IRA Production Other _____

Approved pay rate: \$ _____ Parking reimbursement approved
(Volunteers only)

Chair's Approval: _____ Date: _____

*Requires a background check PRIOR to start date. No exceptions.