

Stockton University

Guest Lecturer Payment Request Form

for guests that have been approved for compensation

Please submit this form to Kent Mayhew kent.mayhew@stockton.edu at least six (6) weeks before the scheduled guest lecture presentation

Presenter Information:

Name: _____

Mailing Address: _____

Email address: _____

Phone number: _____

Presentation Information¹

Title of Lecture and/or Lab session(s): _____

Course acronym and name: _____

Date(s) and time(s) of presentation: _____

Location: _____

Total hours: _____ Instructor (who will be proctoring the presentation): _____

Course Coordinator: _____

Date of Request _____

¹Note: Any change in the above information following submission of this form, such as the guest lecturer's presentation time is less than originally submitted, must be communicated as soon as possible to the SHS Budget Administrator, Program Director, and Course Coordinator.
