APPLICATION for KCP VISITING PROFESSORS

Grant Funding

Proposed Visiting Professor

Title (Dr., Mr., Mrs., Ms) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronouns used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University /Organization Affiliation, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position and Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For reporting purposes:

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent Resident or Visa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTES, if any

Proposed Program Title and Description:

Proposed Time, Date, Place:

Description of how this will affect the target audience of academically and/or economically disadvantaged students. PROPOSED NUMBER OF STUDENTS SERVED\_\_\_\_\_\_\_\_\_\_\_

How will this be marketed to/promoted within the target audience of academically and/or economically disadvantaged students?

What unique perspectives does this Visiting Professor add that is not already adequately covered by other faculty members?

If this person has been a KCP Visiting Professor at any other Michigan university, please provide:

(Repeat as many times as necessary)

Name of the University:

Course/event instructed:

Dates of the course/event:

Proposed Budget:

|  |  |  |
| --- | --- | --- |
|  | VP (state) funds | University Match (any funding provided by other University Departments or sponsors |
| Salary/Honorarium  |  |  |
| Travel |  |  |
| Hotel |  |  |
| Other (Please list) |  |  |
| TOTAL COSTS |  |  |

Total cost associated with this program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount approved by VP University Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_