



### M State Campus Visit Funding Request

#### Concurrent Instructor Information

Name: \_\_\_\_\_ High School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Funding Request Information

Concurrent Course Name \_\_\_\_\_

Number of Students \_\_\_\_\_ Date of Visit: \_\_\_\_\_ Amount Requesting: \_\_\_\_\_

M State Campus Visiting: ..Detroit Lakes ..Fergus Falls ..Moorhead ..Wadena

Reason for Funding Request (please list factor)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Scan and email completed form to [concurrent@minnesota.edu](mailto:concurrent@minnesota.edu)

NOTE: If funding is approved, invoices must be sent to M State no later than June 1 to ensure reimbursement.

Once the completed form has been received, the CEP team will respond with approval or request for more information.

For office use only

.. Approved .. Denied .. Pending More information

K12 Collaboration Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

Cost Center: \_\_\_\_\_ Marketplace Requisition Number: \_\_\_\_\_