

**Stockton University**  
Guest Lecturer Payment Request Form

Date of Request: \_\_\_\_\_

Presenter Information:

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

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Presentation Information<sup>1</sup>

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

Course acronym and name: \_\_\_\_\_

Date (s) and time(s) of presentation: \_\_\_\_\_

Location: \_\_\_\_\_

Total hours: \_\_\_\_\_

Amount of Compensation for the guest speaker: \_\_\_\_\_ hour(s) X \$\_\_\_\_\_ program accepted  
rate/hour = \$\_\_\_\_\_ (total)

Course Faculty/Instructor (who will be proctoring the presentation): \_\_\_\_\_

Course Coordinator Name: \_\_\_\_\_

Please submit this form for approval signatures to the Course Coordinator, Chair, and Assistant Dean, and finally to Kent Mayhew [kent.mayhew@stockton.edu](mailto:kent.mayhew@stockton.edu) at **least six (6) weeks** before the scheduled guest lecture presentation.

\_\_\_\_\_  
Signature of Course Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assistant Dean

\_\_\_\_\_  
Date

<sup>1</sup>Note: Any changes in the above information following submission of this form, such as the guest lecturer's presentation time, must be communicated as soon as possible to the SHS Budget Administrator, Kent Mayhew, and all approval levels (below).