

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 provide details for the visit and what the funding will cover):

Instructor Signature: _____ Date: _____

Scan and email completed form to 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, denial, or request for more information.

For office use only

Approved Denied Pending More Information

K12 Collaboration Manager Signature: _____ Date: _____

Cost Center: _____ Marketplace Requisition Number: _____