

**COLLEGE OF ARTS AND SCIENCES
INSTRUCTIONAL RESOURCE PERSON (IRP)
REQUEST FORM**

PERSON REQUESTED: _____

SOCIAL SECURITY # : _____

MAILING ADDRESS: _____

Area(s) of Expertise and Qualifications:

Dates: _____

Activities: _____

Audience: _____

Expected Attendance: _____

Recommended Honorarium: _____

Source and Amount of Funding in Addition to Arts and Sciences:

REQUESTED BY: _____ Chair

_____ Department

_____ Date

APPROVED: **DENIED:**

Dean Signature

Date

Note: Social Security number is needed for accurate payroll processing.