

# Department of Law and Legal Studies

## Funding Application Form

TO BE COMPLETED BY THE APPLICANT

**A**

Name: _____	Employee/Student Number: _____
Phone: _____	Academic Unit/Organization: _____
Email: _____	Date request submitted: _____

**B**

**Applicant Type:**

<input type="checkbox"/> Contract Instructor	<input type="checkbox"/> Student	<input type="checkbox"/> Staff
<input type="checkbox"/> External Applicant	<input type="checkbox"/> Student Group	
<input type="checkbox"/> Faculty	<input type="checkbox"/> Visiting Professor/Scholar	

**C**

**Request Type:**

<input type="checkbox"/> Chet Mitchell Memorial Lecture	<input type="checkbox"/> Workshop
<input type="checkbox"/> JurisTalk seminar	<input type="checkbox"/> Event Sponsorship
<input type="checkbox"/> Conference	<input type="checkbox"/> Other: _____

**D**

**Event Information:**

Title: \_\_\_\_\_

Date/Time: \_\_\_\_\_

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

Description: \_\_\_\_\_

**E**

**Budget Information:**

Proposed Budget: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Breakdown: \_\_\_\_\_

**TO BE COMPLETED BY THE DEPARTMENT CHAIR**

Approved Amount: \_\_\_\_\_

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

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

**Notice of Collection:** The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990 c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information please contact the Department of Law and Legal Studies, C473 Loeb Building, Carleton University, 1125 Colonel By Drive, Ottawa, ON K1S 5B6, Tel: 613-520-3690.