

SPONSORSHIP PROPOSAL

 Name

 High School

 Phone Number

 Concurrent Enrollment Course

 Email

 Date of Activity or Purchase*

****This proposal must be submitted to the Concurrent Enrollment Office FOUR WEEKS prior to the date of purchase or activity.***

 # of CE Students Participating

Proposal Details (i.e., description, approx. number of HSCE students involved, etc).

Learning Objective:

Cost Breakdown:

Additional Information

.	\$	_____
.	\$	_____
.	\$	_____
.	\$	_____
.	\$	_____
.	\$	_____
Total	\$	=====

 Instructor Signature

 Date

 Administrator Signature

 Date