

Norman Topping Student Aid Fund  
Lunch with Academic Instructor Request  
2009-2010

*Note: Only applicable with pre-approval of Director due to academic conflict with the Student/Faculty Luncheon.*

**Section A – Student Information**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell: \_\_\_\_\_

Class level:  Freshman Current Cumulative GPA: \_\_\_\_\_

Sophomore

Junior Major(s): \_\_\_\_\_

Senior

Graduate Minor(s): \_\_\_\_\_

**Section B – Funding Request Details**

Name of Professor: \_\_\_\_\_

Course Number and Title: \_\_\_\_\_

Professor Contact Information:

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

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

Campus Dining Location Requested: \_\_\_\_\_

Scheduled Lunch Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

**For Office Use Only:**

Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_ Payment Processed: \_\_\_\_\_

Approved  Not Approved  Asst. Director's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_