

Department of Theatre Arts

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Guest Artist Proposal Form

Directions: Responsibility of faculty proposing guest artist visits or specialty production assistance to collect information below and return to department head for approval.

Guest Artist Information

Full Name:

Last

First

M.I.

Email:

Phone Number:

Mailing Address:

Employed by University of Oregon in the past 2 years?

Visit Information

Business Purpose:

Date of visit:

Time:

Room location:

Proposed Stipend Amount:

Travel needs:

Faculty Signature:

Date:

Department Approval

Amount of authorized funding:

Department Head Signature:

Date: