

SUNY FACT – COCID

Conference on Computing in the Disciplines Proposal

Campus Name(s): _____

Conference Date: _____

Submission Date: _____

Conference Title: _____

Conference Model (Check One): 1. ___ Single Discipline 2. ___ Cross-Discipline

Name and Title of Proposer: _____

Phone: (_____) _____

Names, Titles and Campuses of Collaborators: _____

Endorsements: Signatures; or For e-mail submissions, state that each of the following has seen and endorses this proposal.

Chair(s) of Sponsoring Department(s): _____

Campus President(s): _____