

**CLASSROOM GUEST SPEAKER REQUEST**

1. FACULTY MEMBERS ARE RESPONSIBLE FOR THE SELECTION, COORDINATION, AND/OR SCHEDULING OF CLASSROOM GUEST SPEAKERS.

2. THIS FORM MUST BE SUBMITTED TO THE OFFICE OF ACADEMIC AFFAIRS AT LEAST 3 DAYS BEFORE THE GUEST SPEAKER PRESENTATION DATE.

---

**TO: VICE PRESIDENT, ACADEMIC AFFAIRS**

**FROM (INSTRUCTOR):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **COURSE:** \_\_\_\_\_

**TOPIC OF PRESENTATION:** \_\_\_\_\_

**SPEAKER: NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL:** \_\_\_\_\_

**BACKGROUND IN RELATION TO PROGRAM:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**REQUESTOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DEPT. CHAIR APPROVAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DEAN APPROVAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_