PRESENTATION REQUEST FORM

- 1. To request a presentation for your class, student organization, or other event, please fill out the form below and email to rlambey@shsu.edu.
- 2. Please allow two (2) weeks advance notice for presentation requests.
- 3. Once your request has been received you will be contacted by the Mentoring and Academic Support Office to confirm your request.
- 4. Requester must be present.

CONTACT'S NAME		CONTACT'S TITLE				
DEPARTMENT/OR	DEPARTMENT/ORGANIZATION		CONTACT'S EMAIL		CONTACT'S PHONE #	
Is this for a class/departmen If yes, fill in the follow		No Time of				Duration
	•	Presentation	# of Attendees	Location	Room #	(minutes) 15 30
Is this for an organization? If yes, fill in the follow	Yes ving:	No				
Name of Organization	Date & Day of Presentation	Time of Presentation	# of Attendees	Location	Room #	Duration (minutes) 15 30
Please check the type of pres	entation you are r	equesting:				
Academic Support Prog	grams	Overview of Ca	mpus Resources			