Provost Participation Request Form

Please fill out all the pages on this form COMPLETELY and return either by fax to (619) 260-2210 or scan and send to l.ermac-nash@sandiego.edu. Your request will reviewed and considered. You will be notified within 7 business days of the Provost's availability.

Requestor's Information:				
Name of Function:	Date of Function:			
Type of Function: (select one)				
*If other, please specify:				
. Location (If off campus, give exact address, driving directions, and telephone number of function site)				
Time a Everyon				
Time Frame: to				
What time does the Provost need to be at this function?				
Who will be our contact person for this function?				
How many people will be in attendance?				

If this request is for a breakfast, luncheon, or dinner- Who will be seated at the Provost's table? Please list all names:				
*Are you requesting the Provost to speak at this function?				
No, the Provost will be attending as a guest only				
Yes, we would like the Provost to speak at the function. (Please select one of the options below)				
*If other, please specify:				
*What time will the Provost be scheduled to speak?				
*How long do you want the Provost to speak?				
*If other, please specify amount of time:				
*What would you like the Provost to speak about? Please give specific subjects/details.				

* Whoi	s the Provost's targete	ed audience? (Please select a	II the apply)	
	Faculty	Undergraduate Students	Other- Please specify:	
	Administrators	Graduate Students		
*	Staff	Doctoral Students		
	the purpose of this eved outcome?	vent/function and how can	the Provost's speech assist in	accomplishing
· ·				
*Will there	e be other speakers?	No Yes, please list i	names below:	
Lori Ermac-		, no later than 7 business days	ngenda/materials (Bio(s), driving before the event. If there are ar	
Reques	t Approved Req	uest Denied		
			Signature	Date

Itinerary/Agenda

Bio(s)

Driving Directions

Misc. Materials