

STARR SUB PROGRAM REQUEST FORM

(Please Note: We will need at least two weeks notice)

Faculty/ Staff Member Name: _____

Email Address: _____

Best Contact Number: _____

Course Number/Event Title: _____

Requested Presentation Date: _____

Presentation Time: _____

Class Location: _____

Class Enrollment/Anticipated Participants: _____

Class Major(s): _____

Requested Topic: _____

Does the classroom have audio-visual equipment? (e.g. LCD projector/PC and screen)

Yes No

Comments/Special Requests:

Office Use Only:

Request Date:

Confirmation Date: