

DATE: _____

REQUEST FOR GUEST SPEAKER
EAST CAMPUS
VALENCIA COMMUNITY COLLEGE

This form must be completed and signed at least one week prior to your scheduled activity.

Class: _____ Instructor _____

Date & Time: _____ Location: _____

Name of Guest Speaker: _____

Institution and/or Private Affiliations: _____

Explanation/Topic to be Covered: _____

Instructor

Date

Dean

Date