

ABC ADULT EDUCATION  
GUEST SPEAKER REQUEST

Please fill out request form two weeks prior to date of guest speaker's appearance. Submit request to appropriate program coordinator. You may submit this request through the site office for expediency. A copy will be returned to you marked "Approved" or "Disapproved", with comments, if applicable.

DATE \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

NAME OF CLASS \_\_\_\_\_

NAME & TITLE OF SPEAKER \_\_\_\_\_

AFFILIATION OR OCCUPATION OF SPEAKER \_\_\_\_\_

DATE PREFERRED \_\_\_\_\_ TIME \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

ALTERNATE DATE OR TIME \_\_\_\_\_

TOPIC \_\_\_\_\_ LENGTH OF TALK \_\_\_\_\_

IN CONNECTION WITH WHICH UNIT OR PART OF CLASS OUTLINE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

INFORMATION TO BE USED IN INTRODUCING SPEAKER:

(Any relevant background information such as education; the variety and extent of experience in the field; special projects or other work; scope of the organization or service represented.)

Distribution After Approval

White - Program Coordinator  
Yellow - Site Office  
Pink - Instructor

Approved

Disapproved

Program Coordinator \_\_\_\_\_

Date \_\_\_\_\_