



Classroom Presentation Request

Date of request: _____ Name of Person Requesting: _____

Best way to reach you:

Phone number(s): _____

Email: _____

Course: _____ Section: _____

Days: _____ Time: _____

Instructor: *(If different than person requesting)* _____

Location: (Campus/Building/Room) _____

Number of students: _____

Topic(s) requested: _____

Length of presentation requested: _____

Date (in order of preference): 1. _____

Please allow 2 week's notice

2. _____

3. _____

Start Time Preferred: _____

Submit this form to Elise Krawchuk in Student Health Services via:

- On-Campus Mail: Student Health Services - Plover Hall, rm 559
- E-mail: ekrawchuk@santarosa.edu
- Voicemail: (707) 535-3731 (Leave all requested information)

A department representative will contact you to confirm and finalize pertinent details as soon as possible.