



## 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 Jeane Erlenborn in Student Health Services via:**

- On-Campus Mail: Student Health Services - Plover Hall, rm 559
- E-mail: [jerlenborn@santarosa.edu](mailto:jerlenborn@santarosa.edu)
- Voicemail: (707) 521-6930 (Leave all requested information)

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