

Outreach Presentation Request Form

Contact Information

Full Name: _____
First *Last*

Contact number: _____ Email: _____

School/Presentation Information

School/Organization: _____

Physical Location of the Presentation: _____
Street Address

_____ *City/Town*

Presentation location: _____
(i.e. Classroom number, gymnasium, library, cafeteria, building name, etc.)

Please select your preferred day within your assigned spring or fall week.

Preferred date: _____

_____ *Alternate Date (in case of weather conditions, illness, etc.)*

Preferred Time (45 minutes is ideal): Morning Afternoon Evening
 Do you have a particular time of day in mind?: _____

Audience (Check all that apply): Grade XII Grade XI Mature Students
 Parents Others: _____

Information you are

particularly interested in: Preparing to apply

Application process

Repayment

Students with disabilities

Other: _____

Is this presentation part
of a larger event?

No – Single Presentation

Parent night

Grad info session

Career fair

Other: _____

How many people do you expect to attend? _____

Available resources on
location (Check all that
apply):

Projector

Projector screen

Laptop