

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: \_\_\_\_\_

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\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Date

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Date