

Gateway Advising Center
NA 1/219
(212) 650-5257

NSS STUDENT SESSION PROPOSAL FORM

THIS FORM MUST BE FILLED OUT AND RETURNED TO MS. NAZIA NAEEM (nnaeem@ccny.cuny.edu) a MINIMUM OF TWO WEEKS PRIOR TO THE DATE OF THE EVENT.

YOU ARE RESPONSIBLE FOR ARRANGING A SUITABLE SPACE FOR YOUR SESSION.

TITLE OF EVENT:

DATE:

TIME: TO: A.M.

LOCATION OF EVENT:

PRESENTER:

INDIVIDUAL RESPONSIBLE FOR ATTENDANCE SHEET (Provided by the GAC prior to the event):

SPONSORING OFFICE OR DEPARTMENT:

RM. EXT:

DESCRIPTION:

IF A FLYER HAS BEEN MADE BY YOU OR YOUR DEPT., PLEASE ENCLOSE A COPY WITH THIS FORM.

OFFICE USE ONLY:

() APPROVED () ENTERED ON CALENDAR () ATTENDANCE SHEET SENT