

# Class Visit Request Form

The Welcome & Support Resource Center will conduct a 10-15 minute presentation on our services.

## Requester's Information

Last Name, First Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

.....

## Class Information

Course Name & Number: \_\_\_\_\_

Approximate # of students: \_\_\_\_\_

Location: \_\_\_\_\_

Please provide 3 preferred dates and times.

Date:

Time:

1<sup>st</sup> choice \_\_\_\_\_

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice \_\_\_\_\_

**Disclaimer:** Your request is confirmed once you hear back from a Welcome Center Staff Member.