

## Special Academic Event Form

School:			
Department:			
Event:			
Date:			
Time:		Length of Event:	
Location:			

Has the event been registered and approved with Debbie Owens, Events Services Coordinator?

Yes  No

Departmental Person in Charge: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

Expected Number of Attendees: \_\_\_\_\_

Brief Description of the Event: \_\_\_\_\_

Is Dr. Clemo expected to attend?  Yes  No

If yes, is there a role for Dr. Clemo?  Yes  No

If yes, please describe: \_\_\_\_\_

Is Dr. Steadman expected to attend?  Yes  No

If yes, is there a role for Dr. Steadman?  Yes  No

If yes, please describe: \_\_\_\_\_

Will Academic regalia be expected to be worn?  Yes  No

Is there a keynote speaker?  Yes  No

If yes, please list:

\_\_\_\_\_

Please send a copy of the completed form to Dr. Mimi Steadman **and** Randyll Bowen