



GUEST REQUEST FORM

CCSJ is REQUIRED to have guest complete W-9 FORM, include guest's own invoice and a copy of guest's Driver's License to process this request.

For Semester: _____

Date Request Submitted* _____ (Please submit 30 days prior to class date for approval.)

SPEAKER BACKGROUND (Please include info listed above before submitting)

Date of Guest Speaker ____/____/20____

Name of Speaker: _____

Degree & Years of Experience _____

Organization: _____

Special Areas: _____

=====

For Instructor: _____

Course Number: _____ Course Name: _____

Topic: _____

Time(s): _____ Total Number of Hours: _____

Room Number _____ (if ROOM reservation has been confirmed)

Special Equipment Needed _____

OFFICE USE ONLY
____ Approved, Stipend of \$_____ has been allotted (\$50/hr. recommended) for _____
____ Denied (if so, please state why) _____

Program Director _____ Date _____

VP of Academic Affairs _____ Date _____

Please turn completed form into Academic Affairs office.