

OFFICE OF ACADEMIC AFFAIRS

NOTICE OF GUEST LECTURER OR VISITOR

Today's Date: _____ Semester: _____

Class: _____
Course & Number Section Number

Name of Guest: _____

Affiliation: _____

Date, Time and
Locations: _____

Lecture Topic:

Parking Permit Requested: YES NO

Instructor's Name – Please Print Signature Date

Department Chair's Signature Date

Dean's Signature Date