



Student Health Services Classroom Presentation Request 2011-2012

Date of request: _____ Name of Person Requesting: _____

Best way to reach you:

Phone number(s): _____

Email: _____

Course: _____ Section: _____

Days: _____ Time: _____

Instructor: *(If different than person requesting)* _____

Location: (Campus/Building/Room) _____

Number of students: _____

Topic(s) requested: _____

Length of presentation requested: _____

Date (in order of preference): 1. _____

2. _____

3. _____

Start Time Preferred: _____

To submit this form to Student Health Services:

- On-Campus Mail: Student Health Services
- E-mail: guser113@santarosa.edu
- FAX: (707) 524-1858
- Voicemail: (707) 524-1746 (Leave all requested information)

A department representative will make contact to finalize pertinent details as soon as possible.