

Class Presentation Request Form

Today's Date: _____

To request a class presentation, please fill out this form completely and return to Transfer@ccd.edu. We look forward to sharing valuable transfer information with your students.

Name: _____		
First	M.I.	Last
S#: S _____		Phone #: _____
Email: _____		
Faculty: _____		Initials: _____ Date: _____
Print Name		

Course Name and Number (e.g. AAA 109)	
Projector Available in the Classroom?	
Class Meeting Day/Times (e.g. M/W 12:00 – 1:15 pm)	
Time Allotted for Presentation	
Location (e.g. South 127)	
Student Count	
Additional Information	