
SIUE SPEECH CENTER

CLASSROOM PRESENTATION REQUEST SHEET

Current Date:	
Instructor / Administrator Name:	
Phone Number:	
Email:	
Department:	
Course:	
Type of Presentation: <ul style="list-style-type: none"><input type="checkbox"/> Speech Center Goals and Resources<input type="checkbox"/> Elements of Successful Presentations<input type="checkbox"/> Elements of Effective PowerPoint Presentations<input type="checkbox"/> Elements of Effective Group Presentations<input type="checkbox"/> Other Topic(s): _____	
Requested **Date(s) & Time(s): <i>1ST Choice</i> Date: _____ Time: _____ <i>2ND Choice</i> Date: _____ Time: _____	
Requested Length for Presentation: <ul style="list-style-type: none"><input type="checkbox"/> Standard: (30-45 minutes)<input type="checkbox"/> Other:	Size of Audience:
Campus Location for Presentation:	
Current Status: <ul style="list-style-type: none"><input type="checkbox"/> Follow-Up Call Is Necessary From Supervisor to Confirm Request and Date<input type="checkbox"/> Request and Date Was Confirmed by Supervisor	
Final Status: <ul style="list-style-type: none"><input type="checkbox"/> Completed Successful Presentation<input type="checkbox"/> Rescheduled Presentation Date: _____ Time: _____<input type="checkbox"/> Cancelled Presentation - <i>REASON:</i> _____	

Request Taken By: _____