

PRESENTATION REQUEST FORM

Office use only

Received: _____ Initial: _____

Confirmed: _____ Initial: _____

Assigned to: _____

Today's Date: _____

Contact Person: _____ Phone: _____ E-mail: _____

University Affiliation/Position: _____

General descriptions of topic requested (Please include both key themes AND specific issues you would want addressed):

Who will attend: _____

Estimated number expected: _____

Desired date(s) or day(s): _____ Desired time(s) of the day: _____

Location of Presentation: _____

Desired length of Presentation: _____

Specific comments/request: _____

Please return completed form to:

Michael Varhol, Psy.D.

University Counseling Services
University of Maryland, Baltimore County
Student Development and Success Center
Tel: (410) 455-2472 Fax: (410) 455-2399