

ADVISING SERVICES

PRESENTATION REQUEST FORM

(Please submit at least two weeks in advance of requested presentation date!)

Today's Date:	Instructor's Name:
Course Name & Section Number:	Building & Room Number Where Course Meets:
Day and Time Class Meets:	Number of Students:
Instructor Contact Number and/or e-mail:	Types of Media Equipment Available in Classroom:

Please check topic(s) you are requesting *(All topics are typically 50 minute presentations) :*

- | | |
|---|---|
| <input type="checkbox"/> College Majors and Career Choices | <input type="checkbox"/> Resume Writing and Interview Skills |
| <input type="checkbox"/> Finding and Maintaining Motivation | <input type="checkbox"/> Emotional Intelligence |
| <input type="checkbox"/> Goal Setting and Time Management | <input type="checkbox"/> Test Taking and Test Anxiety |
| <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> Learning Styles and Study Strategies |
| <input type="checkbox"/> Wellness and Stress Management | |

Presentation Date Request *(please list at least 3 possible dates, in order of preference):*

1) _____

2) _____

3) _____

**Submit this form electronically or print out and send to
Stephanie Stockstill, Director of Advising Services.**