PRESENTATION REQUEST FORM

Student Accessibility Services (SAS) – Boca Campus Florida
Atlantic University

Please submit at least two weeks before the requested presentation date

Name of person making request | Telephone # | E-mail

Organization/Department

Location

Date of Presentation | Time | Expected Duration | # Expected to Attend

Description of Attendees (If this is a course, please provide course number and title)

Information you would like the presentation to include:

Return form to:

Michelle Shaw, Director
mshaw@health.fau.edu
Student Accessibility Services - FAU
777 Glades Road ±SU 133
Boca Raton, FL 33431
Phone: (561) 297-3880 Fax: (561) 297-2184

SAS USE ONLY

_____ _____
SAS 'LUHFWRU¶V $SSURYDO Date

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Presenter Assigned