

## **GUEST SPEAKER REQUEST FORM**

To request a speaker from the Office of Diversity and Inclusion in a classroom, program, project, or within five (5) business days.

meeting, please return this completed form to M State-Fergus Falls, Attention: Dacia Johnson or email to dacia.johnson@minnesota.edu. Upon receipt, the request will be reviewed and a response provided YOUR INFORMATION: Name: Department **Email:** Campus: ☐ Detroit Lakes ☐ Fergus Falls Phone: ☐ Wadena ☐ Moorhead **REQUEST DETAILS:** This request is for a: ☐ Classroom ☐ Project ☐ Meeting ☐ Program Other (*specify*) Name of Course, Program, Project or Meeting Start Time **End Time Date of Event**  $\square$  AM AM PM PM Meeting Room: Other Details: Additional Comments: FOR OFFICE OF DIVERSITY AND INCLUSION USE ONLY: Confirmed Speaker: Partner: Email: Phone: Confirmation given to: On date: Chief Diversity Officer's Approval: