



CLAFLIN UNIVERSITY
ORANGEBURG, SC 29115
REQUEST FOR PRESIDENTIAL PARTICIPATION

Date submitted: _____

Date of Event: _____ Time(s): _____

Requested Time of Arrival: _____

Speaking Time Allotted: _____

Academic Regalia Required: _____ Yes _____ No

Dress Attire: _____

Location: (City/Town, State) _____

Facility being used: _____

Description of event or activity:

Requested action by President:

Description of audience (Briefly describe whom & make-up):

Suggested Points to make in Remarks:

Signature of Requestor Date

Phone Number/Extension