



Student Ambassador Request

Type of Request

- | | |
|--|--|
| <input type="checkbox"/> Tour – Individual | <input type="checkbox"/> Campus Event |
| <input type="checkbox"/> Tour – Group | <input type="checkbox"/> Private Event |
| <input type="checkbox"/> Classroom Visit - COS | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Classroom Visit - High School | <input type="checkbox"/> Other |

Brief Description of the Event

Brief Description of Anticipated Ambassador Role

Date of Requested Event _____ Time of Requested Event _____

How many Ambassadors needed _____

Contact Email: _____

Contact Phone: _____

Please note:

- Due to budget and staffing limitations not all requests will be approved.

FOR OFFICE USE ONLY

Approved Denied

Staffed by _____

Assists with efforts in Recruitment Retention Public Relations Initials _____