 Event Date ________________     Timing: From ________________ to ________________

 Faculty Responsible for Organizing the Session ____________________________________________________________

 Course __________________________________ Program/Section ______________________________________________

 Classroom/ Campus: ______________________

 Guest Speaker Details:  
 Name of Speaker ________________________  Organization ________________________________
 Designation ________________________  Topic _____________________________________________
 Brief Detail of Guest and Course Relevance 
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

 Audio Visual Request  
 ☐ Multimedia Projector  ☐ PC  
 Others ____________________________________________

 Any other Requirement ____________________________________________

 External Guests Invites: ☐ Yes (List to be attached for Admin)/ ☐ No

 Requested by Student/Faculty  Program Manager Approval  Administration Department
 Date: ______________________   Date: ________________   Date: ________________

 Academic Department/Date

 FOR OFFICE USE
  ☐ Copy to relevant PM and deptts provided   ☐ Giveaway provided
  ☐ Room assigned
  ☐ Multimedia, mike, sound system provided, as required

 Note: Faculty and relevant Program Manager will be responsible for the event.

 Developed by HoAS-WJ-April 21, 2014