



PRESENTATION REQUEST FORM

Requestor's Name: _____

Requestor's Email: _____

Requestor's Phone: _____

Requestor's Title: _____

Department/FAU Organization/Course: _____

Presentation Title:

- ☐ Study abroad 101 for Students
- ☐ Study Abroad 101 for Staff & Faculty
- ☐ Study Abroad Alumni Experience
- ☐ Faculty-Led Study Abroad Program Planning (Departments only)
- ☐ Custom Presentation

Presentation Location (Campus, Building, Room #): _____

Day, Date & Time of Presentation:

First Choice: _____

Second Choice: _____

Third Choice: _____

Length of Presentation (Select one):

- ☐ 5-10 min.
- ☐ 30 min.
- ☐ 1 hour
- ☐ Other – Please indicate: _____

** Please complete all sections, if applicable, and return form to Marta Guevara at mguevara@fau.edu. Receipt of your request will be confirmed via email. **