****

**Office of the Provost**

**Provost Function/Event Attendance Request**

|  |  |
| --- | --- |
| *Event Name* |  |
| *Event Date* |  | *Start Time*  |  | *End Time*  |  |
| *Location* |  |
| *Requested Arrival Time*  |  |
| *Time for Remarks or Introductions* |  |
| *Brief Description of the Event**(include background, names of any university, state or community leaders)* |
|  |
| *Person making request*  |  |
|  | *(Name, email address, phone)* |
| *Event Contact Name* |  |
| *Event Contact Number* |  |
| *Contact Email* |  |

Please complete and return this form electronically, via email to Bethanie.DeFatta@usm.edu. Please do not send a hard copy.