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**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](mailto:Bethanie.DeFatta@usm.edu). Please do not send a hard copy.