



Educational Opportunity Program

Sacramento State Campus Visit EOP Presentation Request Form

Contact Person Name: _____ Employment Position: _____

School/ Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

Cell Number _____ E-mail: _____

Proposed On Campus EOP Presentation Date(s): _____

Event Time Frame: From _____ to _____ Number of Attendees Expected: _____

Target Group? Check all that apply.

- Students (Grade Level: 10th 11th 12th)
 Parents Staff Other _____

On Campus Tour Request?

- Yes No

Check all that Apply. _____ will be present.

- Foster Youth Special Needs
 Migrant Education _____ Bilingual
 Other _____ Disability

Parking Permit Instructions:

California State laws and Sac State parking regulations are enforced 24 hours a day, 365 days per year. You will need to purchase a \$6.00 Daily Parking Permit from any daily permit machine (indicated by \$ on the campus map).

Download the campus map at www.csus.edu/pa/pdf/campusmap1005.pdf and look for yellow kiosks locations. Daily parking permits are only valid in student lots.

Please Note: Schools and/or organizations that are interested in having an EOP representative host an EOP Campus Visit must submit an EOP Information Table Request Form 3 weeks in advance. Requests must be e-mailed to Delmy Montenegro-Spencer at dmontenegro@csus.edu or faxed to (916)278-5491.

EOP Office Use

Approved by _____ on _____.
Staff Name Date

Denied by _____ on _____. Reason for Denial _____.
Staff Name Date

EOP Staff Assigned _____.