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:** _____

Parking Permit Needed for?

☐ **Bus** ☐ **Car** ☐ **No permit needed**

☐ **Other** _____

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

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**_____.