



Educational Opportunity Program Classroom Presentation Request Form

Contact Person Name: _____ Employment Position: _____

School/ Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

Cell Number _____ E-mail: _____

Proposed EOP Presentation Date(s): _____ Room/Site Location: _____

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

Will a Computer & LCD Projector be provided for presentation?

- Yes No Other _____

Target Group? Check all that apply

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

Check all that Apply. _____ will be present.

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

Is parking Available:

- Yes No

Please Note: Schools and/or organizations that are interested in having an EOP representative present must submit an EOP Presentation 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 _____.