

#### NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

#### **Provost And Executive Vice Chancellor For Academic Affairs**

### **Scheduling Request Form**

# **INSTRUCTIONS**

- PLEASE ALLOW THREE WEEKS FOR THE CONSIDERATION OF YOUR REQUEST.
- Complete this form in its entirety (two pages). An incomplete form may not be considered for scheduling.
- In addition to this form, please submit a draft program, draft remarks, and other relevant information related to this event **SEVEN DAYS** in advance.

The Provost's schedule is subject to change at any time due to university business and other responsibilities.

General Information	
Date of Request:	
Requester Name:	Entity Hosting Event:
Office Phone:	Email:
Cell Phone:	Website if applicable:
Address:	

# The Provost's Role

Please select the most appropriate option, if you are requesting that she participate in multiple roles, please note theadditional requested role as the secondary role:

\*Please note when there is a request for the Provost to speak in any capacity at your event, you must submit draft remarks in bullet form as a word document. The draft remarks should include any data/facts about your program or event, and any relevant historical information, points to emphasize, as well as any person/s to be recognized.

**Primary Role** 

Select One

If you need the Provost to fill multiple roles at your event, please note the secondary role below.

Secondary Role

Select One

# **Event Information**

Name of Event:	Length of Time Required of the Provost:	
Event Date:	Will Dignitaries Attend/Participate?	
Event Start Time: Event End Time:  Time by Which the Provost Must Arrive:	If yes, provide list and indicate their role at the	
Event Location (include inclement weat location also please):	Audience (include all possible): her	
	Will there be other speakers? If yes, please list the other speakers here:	
Brief Description of Event:		
	Will a short bio and/or head shot be required?	
Additional Information		
Day of event Point Of Contact Name and Ph	one Number:	
Who will greet the Provost upon her arrival,	if different than POC?	
Designated parking area (Y/N): Page 1	arking Markers for the event:	
Will there be a meal served? If yes, will it be I	pefore, during, or after the program?	
Where will the Provost be seated? (Please inc If at a table, who will be seated with the Prov	dicate table, platform, etc.) ost? (Attach a list if necessary)	

Include any pertinent information or additional explanations here:

Print and/or save this completed form for your records. **Email** the required additional documents (draft progra m / run of show, remarks, fliers, etc.) to **both email addresses below**:

Camie S. Mack - csmack@ncat.edu Devon Smith - dtsmith1@ncat.edu

Once completed, please click on the submit button below.

Thank you!



**Updated June 2025**