

CHANCELLOR REQUEST FORM

STEP 1

BEFORE COMPLETING THIS FORM:

please contact the Chancellor's Office at chancellor@umkc.edu to check availability.

To ensure availability, submit form 45 business days prior to the event.

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Requestor(s):		ne: Today's Date:			
Department/Organization:					
Requested Executive: Appearance Only				□Remarks □Speech	
EVENT LOGISTICS (The following information must be completed for ALL requests.)					
Event Date: Event Date:		t Start Time: Event End Time:			
Event Title:					
Event Type: Breakfa	☐ Dinner ☐ Reception	□Meeting	□ Other		
Location Name:	Location Address:				
Event Purpose:					
Attire: ☐ Business Casual ☐ Business ☐ Formal ☐ Black Tie					
Chancelor requested arrival time:		Chancellor may leave by:			
On-Site Contact 1:		Mobile #:	Email:		
On-Site Contact 2:		Mobile #:	Email:		
SPEAKING REQUEST (Complete this section for speaking requests.)					
Speech Length:	Speech S	Start Time:	Speech En	Speech End Time:	
Purpose & Desired Outcome:					
Talking Point(s):					
APPROVAL	SIGNATURE	S (Complete this section for spea	aking requests.)	DATE	
□Yes □No	Supervisor/External R	equestor		_ / /	
□Yes □No	Dean/Designee		_ / /		
☐ Yes ☐ No Vice Chancellor/Provost/Asst. Vice Chancellor			_ / /		
□Yes □No	Chancellor's Office			_ / /	