

Application for Access to MSU-CVM students by Outside Organizations

Requesting Organization: _____

Representative: _____

- Organization representative
- Student representative
- Faculty advisor or contact

Date(s) of meeting(s): *(List dates separately if topics, speakers, or promotion differ)*

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Time of meeting(s): _____ AM PM

Topic/title of presentation: _____

Purpose of presentation/meeting: _____

Will all MSU-CVM students be invited to attend? _____ Yes _____ No

If no, describe the student population that is expected to attend: _____

Person giving presentation: _____

List what inducements, if any, will be provided to students who attend (e.g., meal, free product)

Signature: _____ Date: _____

Name (print): _____