

CLASSROOM VISIT PROGRAM

Request form for Teachers - Faculty - Community Organizations

For K-12 teachers, SCSU faculty, and community organizations interested in inviting SCSU international students to visit their classrooms or organizations. Please print clearly:

Contact Information:	
Last Name:	First Name
Phone: (work)	(cell)
E-mail:	
School/Organization Name:	
Address or Campus Location:	
	Grade/Course Level:
Age range of students in class:	Number of speakers/presenters requested:
Identify particular country/region(s), topics, or program areas you would like student speakers to address:	
Specify time frame (month, day, time) when you would	like speakers to visit your class:
Briefly describe what you hope to gain by participating	
, , , , , , , , , , , , , , , , , , , ,	J
Is your school/organization able to provide transportation	ion? Yes No
If needed, is your school/organization able to provide:	Laptop/projector Wireless internet
Preferred contact method: E-mail Wo	rk phone Cell phone

Thank you for your interest in the Classroom Visit Program!

Please return form by fax, mail, or email to:
Center for Int'l Studies, Lawrence Hall 101, Saint Cloud State University, 720 4th Avenue South, Saint Cloud, MN 56301 Tel: 1-320-308-4287 - Fax: 320-308-4223 - Email: isss@stcloudstate.edu