

DELTA STATE UNIVERSITY

Meeting Request Form

Meeting Title

MEETING LOGISTICS:

- **Date:**
- **Time:**
- **Location:**

If virtual, provide Zoom/Microsoft Teams meeting Information:

- **Link:**
 - **Meeting ID:**
 - **Password, if applicable:**
-

PURPOSE OF THE MEETING:

INTERIM PRESIDENT'S ROLE IN THE MEETING:

INTERIM PRESIDENT'S TALKING POINTS:

ATTENDEES OF THE MEETING: (include photo directory, if needed)

1. Interim President Caston

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UNIVERSITY** 
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ADDITIONAL INFORMATION:

REQUEST SUBMITTED BY:

Name:

Position:

Department:

Email:

Contact Telephone Number:

Date:

FOR PRESIDENT'S OFFICE USE:

- Date Meeting Request made:
- Date Meeting Request approved:
- Date Meeting Request confirmed with requestor:
- Prior day confirmation of meeting: