**WHITE HOUSE INITIATIVE ON HISTORICALLY BLACK COLLEGES & UNIVERSITIES**

 **U.S. DEPARTMENT OF EDUCATION**

**MEETING REQUEST FORM**

**PLEASE READ:**

Requests submitted with less than two weeks’ notice may be difficult to accommodate.

Due to the high number of scheduling inquiries received by our office, not all requests can by granted.

Meetings are generally scheduled in **30 minute** intervals. Please submit your request accordingly.

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| --- | --- | --- | --- |
| **Today’s Date** |  | **Requested by** |  |
| **Purpose of Meeting** (please provide 2-5 sentences stating why you request to meet with the Executive Director) |
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| **Proposed Agenda** ( please outline the items to be discussed) |
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| **Requested Dates and Times** (provide as much flexibility as possible) |  | **Type of Meeting** | 🞏 Phone Call🞏 In Person |
| **Requested Location** |  |
| **Surrogate** (willingness to meet with a member of the staff in the event the Executive Director is unavailable) |
| 🞏 Yes (indicate who by function or name):🞏 No |
| **External Participants** (include name, title, and organization of all external participants; explicitly note any federally registered lobbyists) |
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| **Requested Department of Education Participants** |
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| **Important Background Information that the Office of the Executive Director Should Consider when Reviewing your Request** |
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| **Point of Contact** (person with whom the Office of the Executive Director should follow up regarding this request) |
| * Name:
* Title/Organization:
* Phone (office and cell):
* Email:
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**INTERNAL USE ONLY:**

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| ED Contact Person:Briefing Prep: |