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**White House Initiative on Historically Black Colleges and Universities**

**U.S. DEPARTMENT OF EDUCATION**

**MEETING REQUEST FORM**

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| **Today’s Date** |  | **Requested by** |  |
| **Purpose of Meeting** (in the space below, please briefly explain the purpose of the meeting with the Initiative) |
|  |
| **Proposed Agenda** (in the space below, please outline the items to be discussed) |
|  |
| **Requested Initiative Staff Participant(s)** |
|  |
| ***Requested Date and Time*** *(provide as much flexibility as possible)* |  | ***Type of Meeting*** | [ ]  *Phone Call*[ ]  *In Person* |
| ***Requested Location****(Initiative ’s office preferred)* |  |
| ***Surrogate*** *(willingness to meet with an alternate member of the Initiative ’s staff in the event the requested individual 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)* |
|  |
| ***Please provide justification as to why the Initiative should attend this meeting:*** |
|  |
| ***Point of Contact*** *(person with whom the Initiative should follow up regarding this request)* |
|  |

***INTERNAL USE ONLY:***

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| --- |
| *ED Contact Person:* *Briefing Prep:**Recommended ED staff/surrogate:*  |