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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:* |