

SPECIAL GUEST REGISTRATION FORM

Recognition of the Elected Officials, Faculty/Administrators from Other colleges and universities.

Special Guest Information:

Special Guest's Name: _____

Title: _____

City/State: _____

Graduate's Information:

Printed Name: _____

Signature: _____ Date: _____

T Number: _____

Phone: _____

Email: _____

*Special Guests will sit in the section reserved on the arena floor. Their names will be announced at the beginning of the program and ask them to stand and be recognized.

Please return the request form by email or in-person to Associate Dean Ratra **by April 10, 2024.**

By email: miamy.ratra@tsu.edu

Or

A Hard Copy delivered to: Dean's Suite Room 223F.