

## **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, 2025.**

By email: [miamy.ratra@tsu.edu](mailto:miamy.ratra@tsu.edu)

Or

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