

Guest Speaker Request Form – Club Leadership Form

Club Name: _____	Event Date: _____
Start Time: _____	End Time: _____
Location: _____	Expected Attendance: _____

Club President Information

Name: _____	LUID: _____
Email: _____	Phone: _____

Faculty Advisor Information

Name: _____	LUID: _____
Email: _____	Phone: _____

Topic/Purpose

Please provide a brief description of the event, speaker’s name, and the speaker’s topic of conversation.

Will the speaker be compensated? Yes ☐ No ☐ (If yes, complete Independent Contractor Questionnaire found [here](#) and use [Liberty University’s Short Form Service Agreement for Guest Speakers](#)).

Date Submitted for Approval: _____

Signed By:

Club Faculty Advisor Signature

Printed Name

Club President Signature

Printed Name

APPROVED:

SGA Director: Kathleen Schultz / Date

Executive Vice President: Dr. Mark Hine / Date

Confirmation of approval will be emailed to all parties. Approval is subject to proposed speaker complying with all applicable Liberty policies and submission of any required documentation. If the speaker is not approved, an email explanation will be provided.