



GUEST LECTURER REQUEST FORM
Master of Arts in Communication Management

Name of Lecturer : _____
Batch : _____
Class Schedule : _____
Subject : _____
Guest Lecturer : _____
Topic(s) to be Discuss: _____
OBJECTIVES : _____
: _____
: _____
: _____
: _____
: _____
: _____
: _____
Date : _____
Venue : _____

Guest Lecturer Visiting Lecturer

Note:

Once approved, please send the resume of said guest lecturer via e-mail to academicpgp@lspr.edu attention to Academic Manager. Thank you.

Requested by:

Approved by:

Lecturer

Programme Director