“Plan to Assign” Form

**The Speech Center**

**University of Richmond**

**289-8814**

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**Academic Year: 2013-2014 Semester: Spring**

# Referring Professor:       Extension:

**Department/School:**

**Course name and number:**

**Expected number of students to visit the Speech Center:**

**Individually:** **In groups of:**

**Number of visits per student/group:**

**Approximate dates of visits:**

**Class presentations scheduled for:**

**Special instructions or criteria attached:**

*Once this completed form, accompanied by assignment guidelines, has been received by the Speech Center, it is added to the “Faculty Assignments on File” folder. The student speech consultants will refer to this in order to provide your students with the best possible assistance.*