University of the Virgin Islands
Miss UVI Request Form

Sponsoring Group: ________________________________________________________
Contact Person: ___________________ Tel. No.: ____________________________
Email Address: ___________________ Fax No.: ____________________________
Name of Event: _________________________________________________________
Date: ____________________ Location: ______________________________________
Time of Event: ___________________ Time to be Present: _____________________
Reason for Presence: ___________________________________________________
Is speaking required? Yes ☐ No ☐ Length of Presentation _________
Topic: ______________________________________________________________
Attire: __________________________________________________________________
Does this request include travel? No ☐ Yes ☐ If yes please answer the following
and note that (if this request is internal) a Travel Authorization need to be completed.
   Flight Arrangements: _____________________________________________
   Accommodations: ________________________________________________

---------FOR OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE---------

☐ Approved  Date: _____________  Signature: __________________________

☐ Denied    Date: _____________  Reason: ____________________________

Form should be returned at least two weeks prior to the event to:
   Junie M. Violenes
   Student Activities Office
   University of the Virgin Islands
   Tel: (340) 693 – 1111 Fax 693 – 1105
   Email: jviolen@uvi.edu