



Southwestern College Library Exhibit Proposal

Date of Request:

Name:

SWC Department / Affiliation:

Sponsor:

Primary Contact:

Email:

Phone:

Secondary Contact:

Email:

Phone:

Preferred exhibition dates:

Exhibit Title:

Description:

Quantity- How many pieces are in your exhibit? :

My signature below indicates that I agree to the terms outlined in the SWC Library Exhibit Guidelines & Agreement. I ensure that the exhibit's content complies with the Criteria for Selection and is appropriate for public display. I agree to remove the exhibit by the agreed removal date and time and to return SWC Library facilities to its original state.

Primary Signature:

Date:

Secondary Signature:

Date:

FOR OFFICIAL USE: ____ Approved ____ Declined

Library Signature: _____ Date: _____

Rationale for approving or declining Request: _____
