



COLLEGE OF  
**NURSING &  
HEALTH SCIENCES**

## Tour or Event Request Form

Simulation and Clinical Learning Center

**Requestor Name and Organization**

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**Person to contact regarding this request:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date(s) of tour or event being requested:**

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**Start Time:** \_\_\_\_\_

**Stop Time:** \_\_\_\_\_

**Description of requested Tour or Event:**

Email completed form to [sclc.scheduling@tamucc.edu](mailto:sclc.scheduling@tamucc.edu) and one of our staff will be in contact with you as soon as possible.