



# DEPAUL UNIVERSITY

## COLLEGE OF SCIENCE AND HEALTH

*Speech Language Pathology Program*

### **SLP STUDENT LEADERSHIP/EVENT**

#### **Approval Form**

Title of Event:

Date/Time of Event:

Event Coordinator(s):

Committee Name:

Estimated Budget:

Supplies/Materials Needed:

Description of Event (purpose, goals, outcomes, etc.):

Guest Speaker(s) Participating:

Advertising Plan (Please attach flyer if applicable):

Faculty Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_