



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: _____