

**Longwood University Counseling Center
Outreach Program/Presentation Request**

Your Name:		Today's Date:		
Club/Organization/Class You Are Representing:			Estimated Number Of Participants:	
Your Phone:		Your Email:		
Topic Of Presentation/Program:				
Preferred Date/Time Of Presentation/Program:				
Requested Presenter:				
Location Of Presentation/Program:			Length Of Presentation/Program:	
Description Of The Presentation/Program:				
How Will This Presentation/Program Be Publicized?				

FOR INTERNAL USE ONLY		
Date Request Received:		Date Request Reviewed:
Presenter:		Date & Time Of Program/Presentation:
Resources Needed:		
Communication Tracking		
Date Of Contact	Progress	Next Step
Outcome		
Program/Presentation Title:		
Date:	Length:	Number of Participants:
Comments:		
Needed Follow-Up:		