

OUTREACH REQUEST FORM

1. Your Name: _____
2. Title: _____
3. Department: _____
4. Telephone No. _____
5. Presentation Date: _____
6. Course/ location: _____
7. Topic: _____
8. Time: _____ to: _____
9. Audience Description:
 - a. Number of participants _____
 - b. Characteristics (classification, gender, etc.) __________

To be completed by the Counseling Center:

Date Received: _____

Request Status: _____