



Office of Leadership and Professional Development

**Department Program Planning Sheet**

Primary Contact Person: \_\_\_\_\_

Department: \_\_\_\_\_

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

Phone Extension: \_\_\_\_\_

- What is the overall goal of the program?
  
  
  
  
  
  
  
  
  
  
- What are the learning outcomes that you hope to achieve?
  
  
  
  
  
  
  
  
  
  
- What date(s) are you considering for your program?  
What time frame (am/pm) \_\_\_\_\_ Length of program? \_\_\_\_\_
  
- How many people are expected to attend?
  
- What is your preference for a location, on campus/off campus?
  
- How much funding does your department have available for the program?
  
- Feel free to include other information that you think would be helpful for us to know as we partner with you in planning your program.

Once you have completed this form, please return it to Ann Flaherty *four to eight weeks prior* to the proposed date of your program.

Thank you,  
*Ann*

Ann Flaherty, [aflaherty2@elon.edu](mailto:aflaherty2@elon.edu)  
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