

Office of Leadership and Professional Development

De	epartment Program Planning Sheet	
Pri	imary Contact Person:	
De	epartment:	
En	nail:	
Ph	none 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 p you in planning your program.	artner with

Once you have completed this form, please return it to Chris Leupold four to eight weeks prior to

Chris Leupold, <u>cleupold@elon.edu</u> 202- D Manning Avenue, CB 2067

the proposed date of your program.