

ULM School of Pharmacy Service Learning Request

A list of participating students MUST be attached to this form.

Event Name:			
Requesting Organization:			
Student Organizing Event:			
Organizer's Cell:		Organizer's Email:	
Event Description:			
How does this event meet the service learning objectives?			
Location		Date/Time	
Name:		Date:	
Address:		Start Time:	
City:		End Time:	
ADVISOR APPROVAL: Advisor signature certifies that all students will have been properly trained to perform the actions listed above and that all education and presentation materials will have been reviewed and approved.			
Will Advisor supervise event?			
YES NO			
Supervising Faculty Member:			