

# REQUEST TO HOST G.R.E.A.T. SESSION

## Session Coordinator(s)\*

Name:	Chapter:
Email:	Phone:

Name:	Chapter:
Email:	Phone:

\*Maximum of two

## Proposed Session Information\*

Title:		
Subject(s):		Presenter:
Date:	Start time:	End time:
Confirmed Location:		Seating Capacity:
Chapter attendees:		Maximum guest attendees:
Synopsis & learning outcomes:		

\* Changes to any session details must be reported immediately.

Office Use Only	
Meeting Date:	Approved/Denied
Packet Pick-up Date:	Completed Packet Return Date:



STUDENT INVOLVEMENT  
Fraternity and Sorority Life