



LeBow

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LEBOW COLLEGE OF BUSINESS
www.lebow.drexel.edu

Guest Lecturer Form

This form is to be completed and approved prior to all guest lecturer events. Gifts will not be distributed until this form is returned.

Class or Event: _____

Date of lecture: _____

Faculty/Staff Contact: _____

Time: _____

Faculty/Staff Phone: _____

Lecturer Description

1
Name _____

2
Name _____

Title _____

Title _____

Company _____

Company _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

e-mail _____

e-mail _____

(If there are more than 2 speakers, attach a document or spreadsheet with their contact information)

Please describe the topic that the lecturer will be discussing:

Is this person interested in participating in Mentor Match?

Administrative Use Only

Gift given _____

Lauren Haas, Program Coordinator
College Relations

Date