



**Center for Experiential Learning and Research
Approval for Poster Printing**

Student Name _____ Date _____

Poster will be presented: Off-Campus Presentation On-Campus Presentation
(circle one) In-Class Presentation Other _____

Purpose for Presentation _____

Advisor or Professor Name: _____

The _____ department agrees to transfer the amount of \$10.00 per poster printed (excluding the cost of one test print, if necessary) to the Center for Experiential Learning and Research account number 00-060000-0607-80750.

Advisor or Professor

Office Use:
Total number posters _____
Amount to be transferred _____