Washington University Student Health Services
Program Request Form

Program Requested (Programs will be delivered by Student Health Services staff in Health Promotion Services, Mental Health Services, or Medical Services)
(Check one subject)
____ alcohol and other drugs
____ anxiety/depression
____ basic self-care (cold, flu, sore throat)
____ body image/disordered eating/eating disorders
____ diversity/anti-oppression workshops
____ emotional abuse
____ gay/lesbian/bisexual/transgendered/questioning
____ grief and loss
____ healthy weight/nutrition/exercise
____ relationships
____ self-injury
____ sexual assault/other violence
____ sexual health/sexual decision making
____ sleep
____ stress
____ suicide
____ other

Date and Time
First choice
_________________________________
Second choice
_________________________________

Venue
Tentative location for program
_________________________________

Group Information
Residence Hall/Floor
_________________________________
Student Group
_________________________________
Athletic Team
_________________________________
Fraternity/Sorority
_________________________________
Other
_________________________________

Expected audience size (a minimum of 10 is preferred)
_________________________________
Short description of audience (gender, year in school…)
_________________________________
_________________________________
_________________________________

Contact Information
Name_____________________________ Phone_______________________
Email ____________________________ Today’s date _________________

Thank you for requesting a program (note 2 weeks’ notice is required). 
Mail this form to Melissa Ruwitch, CB 1201, or drop it off in the 
Habif Health and Wellness Center in Dardick House.
If you do not hear from us within a week, call 935-7139 or email mruwitch@wustl.edu

We look forward to working with you!