

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)

- | | |
|--|---|
| <input type="checkbox"/> alcohol and other drugs | <input type="checkbox"/> healthy weight/nutrition/exercise |
| <input type="checkbox"/> anxiety/depression | <input type="checkbox"/> relationships |
| <input type="checkbox"/> basic self-care (cold, flu, sore throat) | <input type="checkbox"/> self-injury |
| <input type="checkbox"/> body image/disordered eating/eating disorders | <input type="checkbox"/> sexual assault/other violence |
| <input type="checkbox"/> diversity/anti-oppression workshops | <input type="checkbox"/> sexual health/sexual decision making |
| <input type="checkbox"/> emotional abuse | <input type="checkbox"/> sleep |
| <input type="checkbox"/> gay/lesbian/bisexual/trans-gendered/questioning | <input type="checkbox"/> stress |
| <input type="checkbox"/> grief and loss | <input type="checkbox"/> suicide |
| | <input type="checkbox"/> 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 _____

Email _____

Phone _____

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!