



Counseling Center Workshop Request Form

(All requests must be made 2 weeks in advance)

Requester Information

Name: _____

Email: _____

Department/Position: _____

Phone Number: _____

Workshop Information

Requested Program Topic (Ex: Managing Test Anxiety, Preparing for Finals, Preventing Substance Abuse, Overcoming Procrastination, Coping with Depression, Stress Management): _____

Audience (Ex: freshman, peer mentors, GPS navigators, welcome ambassadors, student leaders): _____

Number of Participants (Min 10): _____

Goals for the Workshop: _____

Preferred Date/ Time/ Location: _____

Room Booked Y/N: _____

Additional Information: _____

Date Requested: _____