

**Program Request Form**

Please complete this form for all program requests for health, counseling, and peer education and email the completed form to [healthservices@delhi.edu](mailto:healthservices@delhi.edu). All program requests must have a completed form. You will be contacted once the form has been reviewed by Director.

**\*\*\*Program requests must be submitted at least 2 weeks prior to the program for consideration\*\*\***

Date of Request: \_\_\_\_\_

Proposed Date of Program: \_\_\_\_\_

Proposed Time of Program: \_\_\_\_\_

Proposed Place of Program: \_\_\_\_\_

Group/affiliation/Club/Department: \_\_\_\_\_

Person Requesting Program: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Description of Requested Program: \_\_\_\_\_

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**To be filled out by Health and Counseling Staff**

Date Received in office: \_\_\_\_\_ Date Provided to Director: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Program Scheduled for: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Program Completed by: \_\_\_\_\_ Number of Attendance: \_\_\_\_\_