

Student Counseling Services PROGRAM REQUEST FORM

****ALL REQUESTS MUST BE MADE ONE WEEK IN ADVANCE****

Name:		Today's Date:
Phone:	E-mail:	Length of Program:
Topic for Program:		
Preferred date & time:	Anticipated attendance:	
Sponsoring group:	Location:	
Goals/objectives of program:		

Use back for any additional information.

**Return form to: Sarah Kenney, Health Educator
Student Counseling Services
Box 7023, Tyler Hall Lower Level
skenny2@radford.edu**

For SCS use only:	
Presenter(s): _____	
Date program given: _____	Hr(s) spent: _____
Number of people who attended: _____	

For any additional questions please call #831-6281