

Date Received:	Staff member to provide program:

## Health Education & Promotion Program Request Form

Please use one form per program.

**Contact Information:**

Name of contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Title (RA, athletic trainer, etc): \_\_\_\_\_ Organization: \_\_\_\_\_  
 Campus Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

**Target Audience:**

Anticipated number of students: \_\_\_\_\_ (please note that certain programs have maximums)  
 This group will be mainly comprised of: \_\_\_\_\_ males \_\_\_\_\_ females \_\_\_\_\_ both  
 This group will be mainly comprised of: \_\_\_\_\_ FR \_\_\_\_\_ SO \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ grads  
 Other information about the group: \_\_\_\_\_

**Program Date/Time:**

\*\* Please give **three different possible dates** for the program. A staff member will contact you to discuss whether or not these dates can be accommodated.

1<sup>st</sup> choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 2<sup>nd</sup> choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 3<sup>rd</sup> choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Desired length of program: \_\_\_\_\_

**Type of Program:**

The type of program I would like to schedule is:

- |             |                            |                      |   |
|-------------|----------------------------|----------------------|---|
| <b>ATOD</b> | <b>Diet/ Nutrition</b>     | <b>Sexual Health</b> | <b>PantherWELL</b>                      |
| ___ GAAP    | ___ Navigating Pitt Dining | ___ Girl Talk        | ___ Comfort Zone (stress)               |
| ___ QUIT    | ___ Weight A Minute!       | ___ Smart Sex        | ___ Sex in the Lounge (sexual health)   |
|             | ___ Specialty Diets        |                      | ___ Sexy's on the Inside (body image)   |
|             |                            |                      | ___ Health 101/Minority health          |
|             |                            |                      | ___ More than just easy mac (nutrition) |

Please describe any additional information you would like to be covered during the program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This form must be submitted at least 2 weeks prior to requested program dates.**

**Office use only.**

Staff member assigned to program: \_\_\_\_\_ Confirmation sent: \_\_\_\_\_  
 Date requesting party is contacted: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Date of scheduled program: \_\_\_\_\_ Time \_\_\_\_\_