



## Program Proposal

Proposed Program Title: \_\_\_\_\_

New program

Peer Health Organization: \_\_\_\_\_

Continued/annual

Coordinating Student / Committee: \_\_\_\_\_

Contact Information: \_\_\_\_\_

- Stress & Depression
- Drug Use & Addiction
- Suicide
- Sexual Health
- Sexual Assault
- Sleep
- Physical Fitness & Exercise
- Illness & Self Care
- Nutrition & Disordered Eating

- Environmental Health
- Spirituality
- Relationships
- Peer Theatre
- Tobacco
- Other Health Issue

Program Description (should be 125 words or less, if recurring program include description of past event/success):

What are your program's key points and learning objectives?

When? (what dates and times are associated with this event)

Where? (location as well as whether reservations are required)

How many expected to attend?

What resources (if any) are required? (include any requests for audiovisual equipment, Wellness Center resources, as well as support from other students or staff)

What is the budget for this program, and what will be purchased?

Total \$ \_\_\_\_\_

What type of program evaluation(s) will be used? How will you measure success?

- Relationships
- Peer Injuries
- Tobacco
- Other Health Issues

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- Suicide
- Sexual Health
- Sexual Assault
- Sleep
- Physical Fitness & Exercise
- Illness & Self Care
- Nutrition & Disorders