Program Proposal

Proposed Program Title: __________________________________________
Peer Health Organization: _________________________________________
Coordinating Student / Committee: _________________________________
Contact Information: _____________________________________________

☐ New program  ☐ Continued/annual

☐ Stress & Depression  ☐ Environmental Health
☐ Drug Use & Addiction  ☐ Spirituality
☐ Suicide  ☐ Relationships
☐ Sexual Health  ☐ Peer Theatre
☐ Sexual Assault  ☐ Tobacco
☐ Sleep  ☐ Other Health Issue
☐ Physical Fitness & Exercise
☐ Illness & Self Care
☐ Nutrition & Disordered Eating

Program Description (should be 125 words of 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?