

**Health Education Office
Peer Health Advocates
Program Request**

Today's Date _____

Title/Subject of Program Requested _____

Time Requested _____ AM/PM to _____ AM/PM

Date of Program _____ Day of Week _____

Alternate date of Program _____

Contact Person _____

Phone Number/Email _____

Organization/Res. Hall, etc. _____

Make-up of Audience (Athletes, Freshmen, etc.) _____

Expected Attendance (Must be at least 5 people) _____

Program Location _____

Official Use Only:

Lead Peer Covering Request _____

Secondary Peer(s) Covering Request _____

Initial Confirmation Made by _____ Date of Confirmation _____

Lead Peer Final Confirmation Date _____

