



Counseling Services/ Center for Student Success

Elizabethtown College

Program Request Form

Name _____

Today's Date _____

Contact email _____

Contact Phone # _____

Club/organization/department requesting program _____

Topic _____

Goal/purpose of program _____

Anticipated number of participants _____

Anticipated location _____

Length of program _____

Optional date/time(s) of program _____

Please note: Submission of a Program Request Form does not guarantee program will be scheduled. Program will be scheduled based on staff availability and appropriateness of request. Request forms should be submitted at least **two weeks** in advance of anticipated program date.

Please return this completed form to Stephanie Rankin, Director of Counseling Services, at rankins@etown.edu.

Notification of program approval or denial will be sent to the contact email listed above within seven business days.