Office of Counseling and Disability Services

Request for Presentation or Workshop

To ensure our availability, we require that requests be made three weeks in advance of the anticipated event date.

Request Date
Requesting Entity
Registered Student organization
CAU Campus Department
CAU Academic Department
Table event or Presentation
Tabling
Presentations
Emotional Support
Printed Information
Panel discussion
Person Making Request
Full Name:
CAU email address:
Department/Organization Name:
Position:
Phone Number:
Proposed Event Date :
Event Location:
Event Start time:
am/pm

am/pm Program Topic:AnxietyMindfulnessGrief LossDepressionIntimate Partner Violence/Domestic ViolenceSelf-Care/ Stress ManagementSubstance UseSuicide/Self HarmOther Please describe: Please describe how you would the Counseling Center to be involved and your goal(s) for this event:	Event End	d Time:
AnxietyMindfulnessGrief LossDepressionIntimate Partner Violence/Domestic ViolenceSelf-Care/ Stress ManagementSubstance UseSuicide/Self HarmOther Please describe: Please describe how you would the Counseling Center to be involved and your goal(s) for this		am/pm
MindfulnessGrief LossDepressionIntimate Partner Violence/Domestic ViolenceSelf-Care/ Stress ManagementSubstance UseSuicide/Self HarmOther Please describe: Please describe how you would the Counseling Center to be involved and your goal(s) for this	Program '	Topic:
Grief Loss Depression Intimate Partner Violence/Domestic Violence Self-Care/ Stress Management Substance Use Suicide/Self Harm Other Please describe: Please describe how you would the Counseling Center to be involved and your goal(s) for this	Anxi	iety
Depression Intimate Partner Violence/Domestic Violence Self-Care/ Stress Management Substance Use Suicide/Self Harm Other Please describe: Please describe how you would the Counseling Center to be involved and your goal(s) for this	Mino	lfulness
Intimate Partner Violence/Domestic Violence Self-Care/ Stress Management Substance Use Suicide/Self Harm Other Please describe: Please describe how you would the Counseling Center to be involved and your goal(s) for this	Griet	f Loss
Self-Care/ Stress Management Substance Use Suicide/Self Harm Other Please describe: Please describe how you would the Counseling Center to be involved and your goal(s) for this	Depr	ression
Substance Use Suicide/Self Harm Other Please describe: Please describe how you would the Counseling Center to be involved and your goal(s) for this	Intin	nate Partner Violence/Domestic Violence
Suicide/Self Harm Other Please describe: Please describe how you would the Counseling Center to be involved and your goal(s) for this	Self-	Care/ Stress Management
Other Please describe: Please describe how you would the Counseling Center to be involved and your goal(s) for this	Subs	tance Use
Please describe how you would the Counseling Center to be involved and your goal(s) for this	Suici	ide/Self Harm
	Othe	r Please describe: