NSU Counseling Center

Workshop Request Form

Name of person or department requesting seminar: ________________________________

Telephone number ______________________ Date request made ____________________
(To contact requesting party)

Email Address ______________________ Fax number ____________________________

Please choose the seminar you wish to have conducted from our program list.

Check Seminar Requested*

☐ Stress Management  ☐ Campus Life & Mental Health
☐ Adjusting to College  ☐ Drug Education
☐ Relationship Building  ☐ Dealing with Anger
☐ Dating Violence/Sexual Assault Risk Reduction  ☐ Managing Winter Holiday Blues
☐ Coping with Procrastination

Date seminar is to be delivered ______________________

Location & Time of Seminar ______________________

Number of people who will be attending ______________________

Disposition of request (For Office Use Only)
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Please submit this form to Ms. Vanessa Caldwell Jenkins, Outreach Coordinator

In Person: Room 116A Bowser Building
Fax: 823-2237
Call In: Phone Number: 823-8173.
Email: vcjenkins@nsu.edu

Note: * The Counseling Center asks that requests for seminars be made two weeks in advance. Because of resource limitations we may not be able to fulfill all seminar requests.