

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*

- | | |
|------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Campus Life & Mental Health |
| <input type="checkbox"/> Adjusting to College | <input type="checkbox"/> Drug Education |
| <input type="checkbox"/> Relationship Building | <input type="checkbox"/> Dealing with Anger |
| <input type="checkbox"/> Dating Violence/Sexual Assault Risk Reduction | <input type="checkbox"/> Managing Winter Holiday Blues |
| <input type="checkbox"/> 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 the Counseling Center

In Person: Student Services Building, Suite 312
Fax: 757- 823-2237
Call: 757- 823-8173
Email: counselingcenter@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.**

