Outreach Request Form

Please fill in all fields and when completed, email or fax to the Counseling Center.

Email: couns201@uci.edu or Fax: 949.924.6586

ORGANIZATION/DEPARTMENT NAME: ________________________________

Contact Person:
Name: __________________________ Email: __________________________ Phone: __________________________

Staff/Faculty Advisor: __________________________ Phone: __________________________

Location of Event: ____________________________________________________________

AUDIENCE MEMBERS:
- Students
- Teaching Assistants
- Staff
- Faculty
- Student Staff
- Interal/Interethnic Relationships
- Intimate Relationships
- LGBTQ
- Living with Roommates
- Mediation Skills
- Mental Health Issues (General)
- Multicultural Competence/Diversity
- Orientation to Counseling Center
- Performance Enhancement
- Procrastination
- Self-esteem
- Stress Management
- Student Development
- Suicide/Prevention
- Team Building
- Test Anxiety
- Time Management
- Wellness
- Other: __________________________
DATE AND TIME: (please include a range of possible dates and times)

1st Choice: 
Date: 
Time: 

2nd Choice: 
Date: 
Time: 

3rd Choice: 
Date: 
Time: 

Approximate Duration: 

Approximate Number of Attendees: 

Reason for Request: 
(e.g., Requirement, Educational purpose(s), Interest, Help resolving an identified problem)

What areas do you specifically want addressed?

Comments:

~ Thank You ~