

Mississippi Valley State University

Student Counseling Center

Request for Classroom Presentation

Professor/Instructor's Name: _____ Department: _____

Email Address: _____ Contact Number: _____

Course Title: _____

Classroom Location: (Building) _____ Room No. _____

Where would you prefer the presentation be held? Classroom Counseling Center
(Please note that some presentations will have to be held in the Counseling Center)

Classification of Students: *(check all that applies)*. Freshman Sophomore Junior Senior

Total number of Students in class: _____

Please list dates/times of requested visit in order of preference: We ask that you give us at least a two-week advanced notice.

| Date | Start Time | End Time |
|------|------------|----------|
| | | |
| | | |
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Which type of workshop are you interested in?

- Overview of Counseling Services Anger Management Depression
- Time Management Suicide Date Rape
- Alcohol and Drugs AIDS & STDs Unhealthy Relationships
- Human Sexuality/Homophobia Conflict Resolution Self Esteem
- Stress Management

Additional Comments: _____

If you have any questions or concerns, please feel free to contact the Counseling Center at 254-3830 or via email at counsel@mvsu.edu. You may also fax the completed form to 254-3529 or bring the form to the office located in the Student Union Annex. Every effort will be made to complete your request.