

NRHH PROGRAM OTM NOMINATION FORM

Nominator:
Residence Hall Address:
Phone:
Email:

Category of Program: (Please select 1)

Community Service
Diversity
Educational
Social

Program Facilitator:

Phone:

Address/Residence Hall/No.:

Email Address:

Program Title:

Target Population (in numbers):

Time Needed to Organize:

Number of People in Attendance:

Date(s) of Program:

Number of People Needed to Organize:

Cost of Program:

Origin of Program (200 words max): (i.e.: annual, seasonal/holiday, student desire, etc.)

Goals of Program (200 words max):

Please give a short description of program (400 words max):

Positive and lasting effects of the program (200 words max):

Short evaluation of program (200 words max):

How could this program be adapted for other campuses? (200 words max):

Please remember that each part of this form must be fully completed before it is submitted.