Monsour Counseling & Psychological Services

Stress Management

Sexual Assault

MCAPS Program and Presentation Request Form

Please fill out all information. We request a minimum of two weeks advance notice, if possible. A staff member will contact you to confirm. Requests submitted over the summer break will be responded to in August. *Submitting this request does not automatically confirm your request.* **Please contact MCAPS at (909) 621-8202 or email carrie.park@claremont.edu if you need assistance with this form.**

Name	Email
First Name Last Name	
Phone	Your status
	Student Faculty Staff
Your institution	
1 5	he date/time flexible? Yes No o, what are alternate dates and times for your program?
Time of program start	Time of program end
Program location	
Does the location have A/V setup for use of computer with p	rojection (i.e, PowerPoint)? Yes No
Please select program topic(s): Intro to Services Dealing with Students in Distress and Crisis Suicide Prevention/ Awareness	Resource Fair/ Tabling Healthy Relationships Life Hacks - Skills Workshop

Listening Skills/ Basic Counseling Skills Body Image/ Eating Disorders

Description of program request
What department or organization is this program Expected number of attendees
for?
Intended audience
Students Faculty Staff Parents/ families

Thank you for your request! You will be contacted soon to confirm!