

**SHEPHERD UNIVERSITY – RESIDENCE LIFE  
COMMUNITY DEVELOPMENT PLANNER**

**R.A.:** \_\_\_\_\_ **Hall:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Event Block:** \_\_\_\_\_ **Date of Program:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Program Category:**

**“Have To”:** \_\_\_\_\_ **Diversity Education**  
\_\_\_\_\_ **Alcohol/Drug Education**  
\_\_\_\_\_ **Community Service**  
\_\_\_\_\_ **Weekend Program**

**Other Program Category:** \_\_\_\_\_  
(please list category here)

**Title of Program:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Other Individuals/Guest Speakers (w/ contact information):**  
\_\_\_\_\_

**Budget Request Form Submitted?** (please attach) ( ) Yes ( ) No **Budget Requested: \$** \_\_\_\_\_

**What learning objectives do you hope to achieve by providing this program?** (list up to 3)

1. Students will \_\_\_\_\_  
\_\_\_\_\_
2. Students will \_\_\_\_\_  
\_\_\_\_\_
3. Students will \_\_\_\_\_  
\_\_\_\_\_

**How will this event aid in building community among your residents?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**R.A. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Supervisor Use Only</b>	
<b>Supervisor Signature</b>	
( ) <b>Approved:</b> _____	<b>Date:</b> _____
( ) <b>Not Approved – Reason</b> _____	
<small>Revised 06-09</small>	