



Department Name: _____

Department Location: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Please provide a statement describing how your department supports student health & wellness as well as list specific health or wellness services provided to students:

Please complete and return this form to mmcampan@ysu.edu by Friday October 30, 2009. If you have any questions please contact Mandi at 330-941-2207.