

# OSPREY ADVANTAGE

YOUR CO-CURRICULAR RECORD

**PROGRAM CONSIDERATION FORM**  
(Please return this form to CC-240)

Name of Program: \_\_\_\_\_

Date of Program: \_\_\_\_\_ One-time presentation: Y N If not, how many? \_\_\_\_\_

Time of Program: From: \_\_\_\_\_ To: \_\_\_\_\_ Location of Program: \_\_\_\_\_

Facilitator: \_\_\_\_\_ Sponsoring Office/ Organization\*: \_\_\_\_\_

Targeted Population (s): \_\_\_\_\_

Brief Description of the Program: \_\_\_\_\_

What Essential Learning Objective (s) does the program address?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adapting to Change                       | <input type="checkbox"/> Communication Skills   | <input type="checkbox"/> Creativity and Innovation  |
| <input type="checkbox"/> Critical Thinking                        | <input type="checkbox"/> Ethical Reasoning      | <input type="checkbox"/> Global Awareness           |
| <input type="checkbox"/> Program Competence                       | <input type="checkbox"/> Quantitative Reasoning | <input type="checkbox"/> Teamwork and Collaboration |
| <input type="checkbox"/> Information Literacy and Research Skills | <input type="checkbox"/> Other _____            |   |

**\*Each club and/ or Organization must have current semester Roster completed in OspreyHub\***

Student Development Advisor Initials: -- \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

(For office use only)

Approval/ Denial: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_