**PROGRAM PROFILE**

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| **PROGRAM NAME:** |

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| Faculty advisor: | Program location: |
| Year Founded: | Program Dates: |
| Contact name: | Contact email: |
| Populations served: | Program Website: |

BRIEF DESCRIPTION

GOALS AND OBJECTIVES

PROGRAM ACTIVITIES

PROGRAM CHALLENGES

OUTCOMES

COLLABORATIVE PARTNERS (Can be on-campus organizations , academic departments, student organizations at other campuses, community health organizations and other partners)

**Optional data** (may include eligibility and selection criteria, acceptance and completion rates, participation by school, race/ethnicity, region, age group, class level.)