**Program OTM Nomination Fall 2016**

Please type your responses with a word processor and submit via email as an attachment to rha.wvu@gmail.com. This completed form is due 48 hours after the date of your program.

**Contact Information:**

*(Include the information per requested below for the purpose of the national nomination.)*

|  |  |
| --- | --- |
| **Person in Charge:** | **Nominator:** |
|  |  |
| **Email:** | **Email:** |
|  |  |
| **Address:** | **Address:** |
|  |  |
| **Phone:** | **Phone:** |
|  |  |

**Title of Program:**

**Origin of Program (200 words maximum):**

**Please give a short description of the program (400 words maximum):**

**Goals of the program (200 words maximum):**

**Positive and lasting effects of the program (200 words maximum):**

**Short evaluation of the program (200 words maximum):**

**How could this program be adapted to other campuses (200 words maximum):**

**Please give a short 3-4 sentence summary of this OTM:**