Today's Date: ______________

Your NAME (as appears on SOLAR): ____________________________________________

Your NAME (name you prefer to use): __________________________________________

WHAT SEMESTER ARE YOU APPLYING FOR? ___________________ (semester/year)

When do you plan to graduate from SBU? __________________________ What is your current GPA? ___________

SBU ID number __________________ Cell phone#_____________________

ADDRESS/Phone Number ON CAMPUS: __________________________________________

ADDRESS/Phone Number OFF CAMPUS: __________________________________________

CAMPUS e-mail: __________________ OTHER e-mail: __________________

YOUR MAJOR: __________________

How did you learn about this program? __________________________________________

WHAT PHYSICAL HEALTH TOPIC MOST INTERESTS YOU? __________________________

PREFERENCE IS GIVEN TO STUDENTS WHO are able to COMMIT TO COMPLETING TWO
SEMESTERS. ARE YOU ABLE TO COMMIT TO TWO SEMESTERS? YES: ___ NO: ___

Campus Resident? ____ Commuter ____ Transfer student ____ (If a transfer, from which school?) __________

Intercollegiate Athlete ________ Fraternity/Sorority Member (which group?) _______________________

CHOICE Peer Education program focus of study and outreach linked to physical health and wellness. With
training, YOU will be the LINK between your peers and health support services, on and off campus.

The academic component of program related to college-aged CHOICEs (Choosing Healthy Options In the
College/Campus Environment), including review of basic health issues linked to addictions, sexual assault, safer
sex, nutrition, heightening awareness of cancer risk/cancer prevention.

The outreach component of the program will focus on efforts to heighten awareness of these issues on our
campus. Outreach achieved through Community (campus wellness fairs, bi-weekly information tables) and
through efforts you initiate (many of you are past/future RAs and/or are involved in student organizations where
you are required to complete community service hours).

Tell us about YOU! Please use separate paper and/or back of this form to tell us
why you are applying to C.H.O.I.C.E.

Please include any relevant/related experience you may have and/or how your
choice to enroll may impact your future (ex: applying to nursing/medical school).

Please call or email (email preferred) CPO Peer Education Program Coordinator, CHOICE Program
Coordinator/Instructor – Kathleen (Kate) Valerio @632-9338 – Kathleen.Valerio@stonybrook.edu - if you
have questions or concerns.

Please return completed applications to the Center for Prevention and Outreach Student Health Service Health
Education office, Z-3191, ATTN: Kathleen (Kate) Valerio, SHS Rm. 213B – or – Center for Prevention and Outreach
Union Office, 2nd Fl Union – or - Sharon Fletcher, Dept. Secretary, Health Education Center – Student Health
Service – 1 Stadium Rd. - Rm. 211.