



Healthy Campus/Community Initiative



HEALTHY ACTION PLAN FORM

Name of Department/Office: \_\_\_\_\_

Healthy Activity Title and Brief Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal(s) of Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Outcome(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Participants: \_\_\_\_\_

Activity Schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Office Contact Person: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

Please return form to DSU Box 3121 or Ewing 367

For more information, call Healthy Campus/Community Initiative at 662-846-4303 or e-mail E.E. Caston, Ed.D., Coordinator ([ecaston@deltastate.edu](mailto:ecaston@deltastate.edu)) or Lyn Hubbard, Assistant ([lhubbard@deltastate.edu](mailto:lhubbard@deltastate.edu))