

# TRAINING REQUEST

RETURN THIS FORM TO:

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YOUR NAME: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

DEPT./DISCIPLINE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

WHAT IS THE SUBJECT OF TRAINING?

WHY IS IT NEEDED?

WHO WOULD BENEFIT?

WHERE SHOULD IT BE HELD? (NEED A LAB? DL EQUIPMENT?)

WHEN WOULD WORK BEST FOR YOU? (DAY OF WEEK, TIME)

HOW SHOULD IT BE CONDUCTED? (LECTURE, Q&A, FOCUS GROUP, ETC.)

OTHER:

