Your Name: _____

Campus Extension: _____

Cell Phone: _____

Email Address: _____

What is the subject of the training? _____

Why is it needed? _____

Who will benefit? _____

Where should it be held? (DL Lab, Computer Lab, Auditorium): _____

Date and time it should be held? _____

What should be the mode of delivery? _____

Other:

All training requests will be submitted to Division Chairs and Administration for review.
Division Chairs will notify respective faculty regarding status of requested training.