Requestor’s Information

Name: (Last, First) _________________________
Telephone: _____________________________
Email Address: ____________________________

Class/Program Information

Program Name: ____________________________
Course Name/Number: ______________________
Location: __________________
# of students: __________

*Please submit your request at least one week prior to the desired date. Check off the box next to the service request (you may select more than 1).

Student Success Workshop
(1 hour)

☐ Time Management
☐ Roadmap to Graduation

*Stress Management
* we provide the location for this workshop

Day/Date      Time
1st Choice _____  _____
2nd Choice _____  _____

Class Visit
(10-15 minutes)

Day/Date      Time
1st Choice _____  _____
2nd Choice _____  _____

Campus Tour
(45 minutes)

Day/Date      Time
1st Choice _____  _____
2nd Choice _____  _____

Disclaimer: Your request is confirmed once you hear back from a Welcome Center Staff Member.

Additional request/s

Office Use Only
ConexED: _______