

In-Class Workshop Presentation Request Form

The Welcome & Support Resource Center will conduct a 1 hour workshop in the classroom.

Requester's Information

Name (Last, First): _____

Telephone: (____) _____

Email: _____

Class Information

Course Name & Number: _____

of students: _____

Classroom Location (Bldg. Room#) _____

Please provide 2 preferred dates/times

Day/Date:

Time:

1st choice _____

2nd Choice _____

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