



# Training Request Form

Training & Development

## Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Department: \_\_\_\_\_

## Training Needs

Please provide a description of your training needs.

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Why do you believe this training will be beneficial for your department?

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What are the expected changes you would like to see in the workplace as a result of this training?

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## Training Details

Who is the intended audience?

(Faculty, Staff, Student Workers) \_\_\_\_\_

What is the approximate number of participants? \_\_\_\_\_

When would you like this training to be held?

(please provide multiple dates) \_\_\_\_\_

What time of day works best for your group?

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

Is there a particular location where you would like the training to be held? \_\_\_\_\_

Will there be A/V equipment available for use? \_\_\_\_\_

Has this training request been approved by a Dean, Director, or Department head? \_\_\_\_\_