

# Special Request for Training

August 2007

Department	Date
Street address	Mail code
Name(s) of requester(s)	Signature(s) of requester(s)
Department contact	Phone

Check the box that applies:

<input type="checkbox"/> Requested existing training course
Name of course(s)
<input type="checkbox"/> Customized or new training course
Proposed length (in hours)
Describe your department's needs and special requests regarding course content:

Proposed date(s) and time(s)	Number of attendees
Describe intended audience for training course(s), including university status (students, faculty)	
Proposed location(s)	
Audio/visual facilities available at the proposed location(s)	
Proposed frequency of training: <input type="checkbox"/> Once <input type="checkbox"/> Each semester <input type="checkbox"/> Annually <input type="checkbox"/> Other (explain) _____	

*If you have any questions regarding this form or EHS training courses, please call our office at 512-471-3511.*

<b>Office Use Only</b>	
Instructor(s) development	Assigned to assist with
Estimated preparation time	Additional costs
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> EHS <input type="checkbox"/> Contract	
Director	Assistant Director