TRAINING REQUEST FORM

Requester Name: _____
Requester Email: _____
Date: _____

Course Details

Course Title: _____

New or Existing Course: ☐ New ☐ Existing

Course Description (required for new courses):
(Brief overview of course content, objectives, and target audience)

Maximum Capacity: _____ **Minimum Capacity:** _____

Proposed Date(s): _____

Proposed Time(s): _____

Delivery Method (select one): ☐ In-Person ☐ Virtual

If virtual please provide link:

Instructor Information

Instructor(s): _____

Instructor Email (if different from requester): _____

Training Location Details

Training Location:

Would you like us to book the location for your training?

☐ Yes ☐ No

If desired location is unavailable, what is your second choice?

Additional Notes or Requirements

Please send this form to training@valdosta.edu once completed.