**Center for Student Success**

**Normal Hall, 1st floor**

**812-237-2700**

**Workshop Request Form**

E-mail completed form to [ISU-CFSS-TUTOR@MAIL.INDSTATE.EDU](mailto:ISU-CFSS-TUTOR@MAIL.INDSTATE.EDU)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Requestor | |  | Phone Number |  |
| Title |  | | Department |  |

|  |  |
| --- | --- |
| Name of Workshop Being Requested | |
|  | |
| Date Workshop Desired | Time |
|  |  |

|  |  |
| --- | --- |
| Will the workshop be part of a class? |  |

|  |
| --- |
| If not, what organization is requesting the workshop? |
|  |

|  |  |
| --- | --- |
| How many students will be in attendance? |  |
| Location for workshop |  |