



Office of Diversity & Equity
2004/5 DEPARTMENT TRAINING REQUEST

Application

Date _____

Department _____

Date(s) of requested training _____

Type of training desired _____

Purpose of training _____

Identify recent incidents that have contributed to this request

Describe briefly the audience to receive this training

Please attach information documents about your department that will help cater training to specific internal concerns, i.e. brochures, points of pride, recent press, etc.

Submitted by: _____

Approved by: _____