



Customized Training Request Form

Name: _____ Date: _____

Title: _____

Department/Division: _____

Directions: Please complete and E-mail this form to Jeremy Trowsdale (trowsdale@rowan.edu) and/or Amanda Tomczak (tomczak@rowan.edu). Upon receipt, we will review and follow up to discuss unanswered questions and next steps.

Format (ex. Instructor-led, webinar, video, unsure, etc.):

Location (ex. Bunce Training Room, SOM, CMSRU, etc.):

Training purpose and desired outcome (scope, topics to be included, level of detail, etc.):

Is this training session going to be offered as a part of a larger professional development event or retreat?



Audience (experience level, job functions, employee group or department):

Anticipated number of attendees:

Target Date(s) (ex. late August, in the spring, flexible, TBD):

Presentation Length (ex. 1 hour over lunch, 3 hours, unsure at this time, etc.):

Number of sessions: _____

Will we be partnering and/or co-teaching with a subject matter expert? If yes, please provide the applicable name(s).

What else should we know as we begin to think about this training opportunity? Please share any related insights that should be considered in developing the training content.
