



Training Request Form

Training & Development | 304 T. Boyd Hall

Contact Information

Name: _____ Phone Number: _____

Email: _____ Department: _____

Training Needs

Please provide a description of your training needs.

Why do you believe this training will be beneficial for your department?

What are the expected changes you would like to see in the workplace as a result of this training?

Training Details

Who is the intended audience?

(Faculty, Staff, Student Workers) _____

What is the approximate number of participants? _____

When would you like this training to be held?

(please provide multiple dates) _____

What time of day works best for your group?

Morning _____ Afternoon _____

Is there a particular location where you would like the training to be held? _____

Will there be A/V equipment available for use? _____

Has this training request been approved by a Dean, Director, or Department head? _____

Please submit the completed training request form to the Maggie Jo Overton at mover6@lsu.edu