***CLASS* Request Form**

**for Virtual (e.g., Webinars) and Face-to-Face Classroom Classes**

**If this is a new or revised *Course,* the Course Request Form also must be submitted.**

## Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Class Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Enroll Close Date: ❑ Standard 14 days prior; ❑ 7 days prior; Other: ❑ \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Sign-In Time: \_\_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_

Minimum Capacity: \_\_\_\_\_\_\_ Maximum Capacity: \_\_\_\_\_\_\_

***NOTE****: Sign-in sheets can be accessed by the trainers on the PTT Learning Center.*

**Trainer(s)** (select all that apply):

***W-2:***

\_\_\_ Brandt, Susan

\_\_\_ Chappa, Kelsey

\_\_\_ Copsey, Frankie

\_\_\_ Grochowski, Danni

\_\_\_ Haase, Rachel

\_\_\_ Harvot, Paula

\_\_\_ Hilsgen, Sally

\_\_\_ Lemire, Sarah

\_\_\_ Satterfield, Kim

\_\_\_ Schmitt, Mark

\_\_\_ Sommers, Heather

\_\_\_ Turk, David

\_\_\_ Xiong, Mai See

\_\_\_ Other (complete below)

***CS:***  
\_\_\_ Fischer, Lynda

\_\_\_ Hooker, Alyssa

\_\_\_ Hurtado, Sandy   
\_\_\_ Keeling, Adam

\_\_\_ Loken, Cheryl

\_\_\_ Mau, Melissa

\_\_\_ Rodriguez, Meghan

\_\_\_ Other (complete below)

***CC:***

\_\_\_ Hurst, Phil

\_\_\_ Ibeling, Jolene

\_\_\_ Jacobs, Amy

\_\_\_ Other (complete below)

Trainer 1: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer 2: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Site:** Location Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Room #:\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: WI\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Regional / In-House Learning Center**

\_\_\_Regional (Scheduled by State Staff) \_\_\_Visible

\_\_\_In-House (Requested by Agency) \_\_\_Invisible

***Return this class request form to:*** Registration Staff; UWO CCDET; Oshkosh, WI 54901

**Fax: (920) 424-1112 Phone: 920-424-1071 (e-mail):** [**regstaff@uwosh.edu**](mailto:regstaff@uwosh.edu)

##### Checklist of Class Request Process

***Complete the Course Request Form, if necessary***

1. If this class is for a new or revised course, the Course Request Form must be completed and returned before the class can be entered into Pathlore.
2. If this is not a new course, view the course description information in the PTT Learning Center. If the information needs to be updated, complete and return the Course Request Form.

***Complete this Class Request Form***

1. *Please submit this request at least 2 months prior to the class start date, if possible.*
2. Use the most current Class Request form (01/04/22). Discard previous versions.
3. Make sure all information has been filled in and is accurate.
4. Allow at least five working days for Registration staff to assign class locator code numbers.
5. If the confirmation letter is different than the standard, attach the content of the confirmation letter to the request form.
6. For Webinars, WisLine Webs, Teleconferences, etc., include the technical information (e.g., URL, phone #, etc.) so it can be included in the confirmation letter.
7. If attendees need to print a Participant Guide, make sure that the current PG is sent to Registration staff.
8. If there is location information (e.g., directions, parking info., etc.), include that.
9. Indicate if the class is Regional or In-House, and whether the class should remain visible or invisible.

***After the Class Request Form Is Submitted***

1. Registration staff will send you the Locator Code numbers.
2. If any of the following class information changes, notify [regstaff@uwosh.edu](mailto:regstaff@uwosh.edu) immediately.
   * Trainer(s)
   * Date(s) of class
   * Location of class
   * Enroll Close date
   * Confirmation letter
   * Revised Participant Guide
   * If the class is canceled

***If you have any questions, contact the Registration Staff.***

* + Phone: (920) 424-1071
  + Fax: (920) 424-1112
  + E-Mail: regstaff@uwosh.edu