Learning Lab Study Group Request Form

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Instructor contact info (Tel ext & email) | Crs/sec nos. | Ideal meeting times of Study Group | Preferred Lab instructor, if any |
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Please return completed request form to the Learning Lab Dept. Chair as soon as you know your teaching assignment.