Faculty and Staff Training Request Form - CAMS

Please complete all required areas of this form and return by e-mail.

*** Name:**

*** Email:**

*** Phone:**

*** Division:**

*** Department:**

Location: Faculty and Staff Development Smart Computer Lab, Benson Building, Room 203

Please indicate your requested date and time for training:
Date:
Time:

Note: A confirmation e-mail will forwarded shortly.

Thank you,
Carlene J. Morgan
Director of Education Technology Services
Boyer 004
919-516-4098