Student Systems Training Request Form

Today's Date: _____

Person Requesting Training: _____

PEID #: _____

Email: _____

Phone: _____

Department: _____

Supervisor's Name: _____

Preferred Training Date: _____

Preferred Training Time: _____

	Items (s) on which to be trained	Trainee's Initials	Trainer's Initials
☐	Admissions Application		
☐	API Application		
☐	Test Score Entry		
☐	Dual Credit Admissions		
☐	Course Section Building		
☐	Registration		
☐	Drop/Adds		
☐	Withdrawals		
☐	Faculty Grade Entry		
☐	Other _____		

Supervisor's Signature: _____ **Date:** _____

Trainee's Signature: _____ **Date:** _____

Please send this request to *Antoinette Brooks* at abrooks@ctcd.edu or fax to **254-526-1545**.