

## TRAINING REQUEST FORM

## Department of Vocational Education & Workforce Development

**Mission:** Ilisagvik College provides quality post-secondary academic, vocational and technical education in a learning environment that perpetuates and strengthens lñupiat culture, language, values and traditions. It is dedicated to serving its students and developing a well-educated and trained workforce who meet the human resource needs of North Slope employers and the state of Alaska.

| Requesting Organization  |   |                  |              |
|--|---|------------------|--------------|
| Point of Contact:  |   |                  |              |
| Email:   |   |                  |              |
| Phone:   |   |                  |              |
| What class or type of training do you need   | ?                                       |                  | _            |
| Why do you need this training?   |   |                  | <u>.</u>     |
| When do you need this training?  |   |                  |              |
| Where would you like the training held?  |   |                  |              |
| On-Campus  |   |                  |              |
| O Utqiaġvik  |   |                  |              |
| Village  |   |                  |              |
| Off-Slope  |   |                  |              |
| Is this training open to the general public of                                       | or just your organization's participant | rs?              | _            |
| How many participants do you have for tra  | aining?                                 |                  | _            |
| Funding or In-Kind Resources (meals, loc<br>Do you have funding available to support |   | Applicable for N | SB Liaisons) |
| Do you need funding to support your requ   | _                                       |                  |              |
|  |   |                  |              |
| Internal R   | eview & Approvals                       |                  |              |
| Does it meet the Ilisagvik Mission?  |   |                  |              |
| Does it meet the ijisagvik iviission:  | Director of Workforce Development       | Date             |              |
| Instructor available & accepted?   | 2.10000. 0. 1101.1101.00 2010.0p.1101.1 | - 000            |              |
| Is there training space available?   | Dept. Chair or Sponsoring Faculty       | Date             |              |
| Are funding needs addressed?   |   |                  |              |
|  | Dean of VEWFD                           | Date             |              |
| Adequate student interest?   |   |                  |              |