



TRAINING REQUEST FORM

Department of Vocational Education & Workforce Development
PO Box 749, Barrow, AK 99723
907-852-1759
workforce@ilisagvik.edu

MISSION: Ilisaġvik College provides quality post-secondary academic, career and technical education in a learning environment that perpetuates and strengthens Iñupiat 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: _____

Contact Person: _____

Email: _____ Phone: _____

Class or type of training needed: _____

Reason for the training: _____

Dates or time-frame for training: _____

Where would you like the training held:

☐ On-Campus

☐ Utqiaġvik _____

☐ Village _____

☐ Off-Slope _____

Is this training open to the general public, or just your organization? _____

How many participants do you have for the training? _____

FUNDING OR IN-KIND RESOURCES (Meals, lodging, classroom, materials, etc.)

Not applicable for NSB Liaisons. Availability of funding does not impact your ability to request trainings. We will review each request based on the criteria provided and funding will be made available on a case-by-case basis.

Do you have funding available to support students and instructors? _____

Do you need funding to support your requested training? _____

INTERNAL REVIEW AND APPROVALS

<input type="checkbox"/> Does it meet the Ilisaġvik Mission?	_____	_____
<input type="checkbox"/> Instructor available & accepted?	Director of Workforce Development	Date
<input type="checkbox"/> Training space available?	_____	_____
<input type="checkbox"/> Funding needs addressed?	Dept. Chair of Sponsoring Faculty	Date
<input type="checkbox"/> Adequate student interest?	_____	_____
	Dean of VEWFD	Date