

Request to Attend MAPS Course

Name of Attendee	
Title	
Attendee's Preferred Phone Number	
Email Address	
MAPS Course Title	
MAPS Course Date	
Dietary Restrictions (In-person courses)	
ADA needs	<input type="checkbox"/> None <input type="checkbox"/> Yes-Mobility <input type="checkbox"/> Yes-Hearing <input type="checkbox"/> Yes-Visual <input type="checkbox"/> Yes-Other:
Supplemental Learning Question: Please share any specific topics, information, or questions you hope to have addressed in this course	

Chart field to be charged (Please make sure ALL numbers are provided)	Cost Center	Fund	Balancing Unit
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Supervisor Signature		Date
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Please email completed form to Jennifer Klipfer(klipfer.2@osu.edu).

Confirmation of enrollment will be emailed to the attendee and supervisor.