Loan Workshop Request Form

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| --- | --- |
| Student Name: |  |
| Student ID: |  |
| Address: |  |
|  |
| Email Address: |  |
| Phone Number: |  |
| Academic Term: | * Fall 2017
* Spring 2018
 |

**All workshop will be from 12:15 pm to 1:00 pm in Room 126:**

* Wednesday, August 30, 2017
* Thursday, September 14, 2017
* Monday, September 25, 2017
* Tuesday, October 10, 2017
* Wednesday, October 25, 2017
* Friday, December 01, 2017

\*\***Please note:** We will not let students attend the workshop 15 minutes after it begins. Please plan accordingly. Dates and time are subjected to change. We will notify you for further updates.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_