



NORTH ISLAND
COLLEGE

Career Services

Phone: (250) 334-5076

Email: cc@nic.bc.ca

To avoid disappointment, please request your
workshop minimum 2 weeks in advance.

WORKSHOP REQUEST FORM FOR FACULTY

Instructor's Name: _____ Ext. Number: _____

Class name: _____ Any students w/ learning challenges? Y / N

Class Location: _____
Room & Building Campus

Will you be present in class before or during the workshop? _____
We encourage you to attend the workshop with your students.

Number of Students? _____ Any Dual Credit Students? If yes, how many? _____

How long do you want this workshop to be? (please check)

1 hour ___ 1.5 hours ___ 2 hours ___ Other (please state) _____

TYPE OF WORKSHOP?

Resume & Cover Letters: _____ Job Search: _____ Interviews: _____

Other (please describe below):

WORKSHOP DATE requested for: _____

Start Time: _____ Will I be able to use the classroom A/V? Y / N

Do you recommend I bring a USB stick or laptop? ___ USB ___ Laptop

Do you have any specific materials you would like me to use or any special requests?

Submit all requests to cc@nic.bc.ca

Date request submitted: _____