

ARKANSAS TECHNOLOGY TRANSFER (T²) PROGRAM

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TRAINING PROPOSAL and APPROVAL FORM

Training Course Requested: _____

Date of Request: _____ City or County: _____

Requested By (Individual): _____

Job Title or Duty Position: _____

Mailing Address: _____

Business Phone: _____ Mobile Phone: _____

Fax #: _____ E-mail: _____

Training Date(s): _____ # of Classes: _____

Training Time(s): _____

Training Location & Address: _____

Field Training Location & Address: Same _____

Anticipated Attendance (per session): _____

To be completed by Technology Transfer (T²) Center

Date Received: _____ Approval Date: _____

Training Confirmed by: _____

Instructor Advised (Date and Method): _____

Local Agency Contact Advised (Date and Method): _____

Comments: _____
