Clinical Applications
Computer Class Request Form

Classes: 8 a.m. to 2 p.m.
Health First Pro-Health Building - Third Floor

Please Use a Separate Form for Each Class Requested

School: __________________ Program: _______________________ Class/Cohort #: ______________________

Clinical Start Date: __________________________ Clinical End Date: ______________________________

Number of Students Requiring Training: __________
(Maximum for large classroom is 30 students. Number of students may determine if two classes are needed.)

Class Date Preferred (please provide at least four date options)

1st Choice__________________ 2nd Choice__________________
3rd Choice__________________ 4th Choice__________________

Attending Instructor’s Name: ________________________________ Phone: _________________________

(An instructor must be present for duration of the class. New instructors may attend.)

Class Request Deadlines

April 1 (for Summer Classes)
July 1 (for Fall Classes)
November 1 (for Spring Classes)

Please send class requests to StudentExperience@Health-First.org.

For Office Use: Request Received__________ Responded__________
Date(s) Offered________________________________________
Accepted Date & Date(s)________________________________
Confirmation___________________________________________
CAE & SN Calendar__________________________________________