

Training and Development—Intake Form

Requestor information

Last name

First name

Department

Job title

Manager

Training description

Learning objective

Skills, knowledge, behaviors or competencies learners need to develop

Audience

Number of people who will complete the training _____

Learners' level of experience: Novice Intermediate Expert

Subject Matter Experts

Timing

Desired date for training to become available (mm/dd/yyyy)

Desired date for training to be completed (mm/dd/yyyy)

Please complete this form and email to uschr@usc.edu.