

**Title IX Office Training/Presentation Request Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Phone/Ext: \_\_\_\_\_ UCR Email: \_\_\_\_\_

- Please Select:  Training  
 Meet/Greet Presentation  
 UC SVSH Prevention Training for Staff (1 hour requirement)  
 UC SVSH Prevention Training for Supervisors and Faculty (2 hour requirement)  
 Panel

Date(s): \_\_\_\_\_

Times(s)/Best Time of Day: \_\_\_\_\_

Location(s) (if applicable): \_\_\_\_\_

Audience:  Students  Staff  Faculty  Student Workers  TAs  Management

No. of Participants (if available): \_\_\_\_\_

Purpose for Training/Presentation:

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