U HEALTH
UNIVERSITY OF UTAH

EHSEB Scheduling Request Form
Complete and return form to ehsebscheduling@utah.edu
To request the Clinical Skills Lab email wendy.hughes@hsc.utah.edu

Course name/number or Event	
Date(s) / Day(s) course meets	
Time course meets	
# of people	
Explanation for request of in-person course	
Technology Needs:	Equipment Podium Training Hybrid Class Training Videography *Identifying tech needs in advance ensures we are able to provide the training/resources needed for your course/event.*
Course contact:	
Responsible Faculty Member:	
Email address:	
College/School/Department:	

Course name/number or Event	
Date(s) / Day(s) course meets	
Time course meets	
# of students	
Explanation for request of in-person course. If a DTEN videoconferencing device is needed for the room, please indicate that here as well, including whether you require DTEN training.	
Technology Needs:	Equipment Podium Training Hybrid Class Training Videography *Identifying tech needs in advance ensures we are able to provide the training/resources needed for your course/event.*
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