

# Research Methods Workshop Request Form

Instructor: \_\_\_\_\_ Contact number: \_\_\_\_\_

e-mail: \_\_\_\_\_

Class: \_\_\_\_\_ (One class per request form)

Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

Workshop dates: \_\_\_\_\_ 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice

Is there a specific class assignment? \_\_\_yes \_\_\_no

If yes, briefly describe the assignment below:

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**Please return form to mail box of: Van Rider [vriders@avc.edu](mailto:vriders@avc.edu)  
You will be contacted by a faculty librarian.**

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## Library use only:

Date of workshop: \_\_\_\_\_ Librarian presenting workshop: \_\_\_\_\_

Room: \_\_\_\_\_

## To be filled out by the librarian presenting the workshop:

Number of Students: \_\_\_\_\_

Tutorials:

\_\_\_ Research

\_\_\_ EBSCOhost

\_\_\_ Catalog

\_\_\_ Journal

Walking Tour:

\_\_\_ yes

\_\_\_ no

Attach other materials (class assignments, special needs etc.) to this form.

Return form to Van Rider after workshop has been completed.

08/25/08