

FLEX Workshop Sign-In

Workshop Name:

Date: Time & Duration:

Location: Presenter(s):

PLEASE PRINT YOUR NAME CLEARLY SO YOU MAY RECEIVE FLEX CREDIT.

****FLEX credit is not available if you attend during your regular instruction and/or office hours**

Name	Department	Full-Time or Part-Time	College
1.		FT P/T	
2.		FT P/T	
3.		FT P/T	
4.		FT P/T	
5.		FT P/T	
6.		FT P/T	
7.		FT P/T	
8.		FT P/T	
9.		FT P/T	
10.		FT P/T	
11.		FT P/T	
12.		FT P/T	
13.		FT P/T	
14.		FT P/T	
15.		FT P/T	

Please list this workshop's Measurable Objectives for faculty professional growth:

****Please return this form to the appropriate Flex Support Person on your College:
Susan Lauda, MVC; Nicole Ramirez, Norco; Tish Chavez, RCC**

