

Wellness Class Request Form

Name: _____ Date: _____

Address: _____ Phone #: _____

What is your specific request? _____

Are you:

- | | |
|---|----------------------|
| _____ An undergraduate student (year _____) | _____ An alumni |
| _____ A graduate student | _____ Work Study |
| _____ An outside organization/individual | _____ Non work study |

Please answer the following questions:

1. Who will be offering/teaching the course? _____

2. Do you offer it elsewhere? (please specify where) _____

3. Are you charging for your services? How much? _____

4. Is this your normal fee? If not what do you charge elsewhere? _____

5. What are your credentials and experience? (If you have a resume, please attach)

6. Do you need access to a room in the Kneller Athletic Center? (which room?)

7. Is there a specific time slot you are requesting? _____
8. Please list alternative time slots. _____
9. What are starting and ending dates? _____
10. What do you anticipate class participation to be? (Please note there is a minimum class size requirement for all classes.) _____

Please attach any additional information we will need to consider your request and return this form to Clark University Athletic Department for consideration.

****No classes will be scheduled or run in the Kneller Center without approval from the Athletic Department.****