

Moreno Valley FLEX Workshop Sign-In

Workshop Name: _____

Date: _____

Time & Duration: _____

Presenter (x3hrs): _____

Location: _____

Facilitator (x2hrs): _____

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 provide a brief DESCRIPTION of workshop's and list the OBJECTIVES for faculty professional growth:

**Please return this form Dan Clark, Faculty Development Coordinator **

Moreno Valley FLEX Workshop Sign-In

Workshop Name:

Name	Department	Full-Time or Part-Time	College
16.		FT P/T	
17.		FT P/T	
18.		FT P/T	
19.		FT P/T	
20.		FT P/T	
21.		FT P/T	
22.		FT P/T	
23.		FT P/T	
24.		FT P/T	
25.		FT P/T	
26.		FT P/T	
27.		FT P/T	
28.		FT P/T	
29.		FT P/T	
30.		FT P/T	

****Please return this form Dan Clark, Faculty Development Coordinator ****