



Equipment Training Report Form

Faculty Liaison: _____ Date of Training: _____

Discipline (ex. DESL): _____ Start Time: _____ End Time: _____

Training Location: _____

Dual Credit Instructor(s) Present *(list the names of all instructors present for training)*

Type of Equipment & Details of the Session *(list equipment and provide copies of all materials/resources provided)*

Additional comments or concerns regarding this session and/or instructor:

Faculty Liaison Signature: _____ Date: _____

**A typed name serves as an electronic signature when this report is sent from a VU email address.*

Revised 1.23.20