Classroom Visit Request Form

Please send a staff member from one of the CCRI Writing Centers to visit my classroom.
(Mondays through Fridays, 8 a.m. – 4 p.m.)

Course: ____________________________ Section #: __________ Campus: __________
Preferred Date: _____________________ Time: __________ Room: __________

In case of scheduling conflicts at the Writing Center, please write in other dates and times:
Second Date: ______________________ Time: __________ Room: __________
Third Date: _________________________ Time: __________ Room: __________

Professor’s Name: ___________________ Today’s Date: __________
E-mail: _____________________________ Phone: ______________________
A staff member will contact you to confirm the date and time of the classroom visit.

Please check off the activities that you would like a Writing Center staff member to accomplish during a five to thirty-minute classroom visit:

☐ Say “hi,” distribute handouts about the Writing Center, and answer questions.
☐ Show my students how to find the Writing Center’s web pages.
☐ Another activity (Please describe the activity here):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

For each class, a separate copy of this form (or information about your request) should be sent to this email: writingcenter@ccri.edu.