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 fifteen 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. (This activity only can be accomplished if the classroom has a computer and a projector.)

☐ Another activity (Please describe the activity here): ________________________________
   ____________________________________________________________________________

For each class, a separate copy of this form should be sent through e-mail or interoffice mail to one of the CCRI Writing Centers:

Dr. Karen Petit, kmpetit@ccri.edu, Knight Campus, Warwick, Room 6532, 401-825-2279
Ross Dean, rdean@ccri.edu, Flanagan Campus, Lincoln, Room 2427, 401-333-7276
Julia Micks, jmicks@ccri.edu, Liston Campus, Providence, Room 1164A, 401-455-6008