

www.ccri.edu/writingcenter

Knight Campus, Warwick, Room 3540: 401-825-2279 Flanagan Campus, Lincoln, Room 2427: 401-333-7276 Liston Campus, Providence, Room 1164A: 401-455-6008

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 c	onfirm the date and time of t	he classroom visit.
Please check off the activities that you accomplish during a five to fifteen-marked Say "hi," distribute handouts Show my students how to fin accomplished if the classroom	ninute classroom visit: about the writing centers, and the writing center's webpa	d answer questions. ges. (This activity only can be
☐ Another activity (Please desc	ribe 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 3540, 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

