HFHS UNIVERSITY LEARNING EVENTS FORM
Instructions: Complete form; obtain supervisor signature; and then fax form to: 313-874-9547

***Course or Activity Name:** _____

If this course/activity is not currently on the HFHS University, please provide the following information (Fields with * must be filled in):

***Brief Description:** _____

***Objective:** _____

***Duration:** _____

Instructor Name(s): _____

Course Date & Time: _____

Location: _____

***Participant Name(s) (Please Print):**

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Supervisor Approval Signature: _____