**Go to** <https://www.depts.ttu.edu/ehs/forms/training-request.php>

**Request Courses**

Top of Form

\***First Name:**

** These should autofill**

**\*Last Name:**

****

**\*R number:**

****

**\*Email:**

****

**\*Department:**

 **This must be “Inst of Environ and Human Health”**

\*Training Course(s):

Autoclave Safety

Biological Safety

Bloodborne Pathogens (BBP)

Compressed Gas Safety

Flammable Liquid Safety

Hazard Communication

Lab Safety

*Select the training course(s) you need to complete.*

\*Designation:

Employee (faculty or staff)

Student

Volunteer

Faculty Supervisor:



*If you are working in a lab area, please provide the name of your supervisor.*

\*Course Number:



*If you are requesting training for an academic course, please provide your course number (e.g. CHEM 1301). If you are an employee, write NA.*

Submit  Reset

Bottom of Form

**Questions?**Contact us!