

STUDY SKILLS WORKSHOP REQUEST FORM

LEHIGH UNIVERSITY
Center for Academic Success
4th floor, University Center

Name

Student Organization

Lehigh Email

Phone

@lehigh.edu	
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Please list three possible dates and times for the workshop(s):

1)	2)	3)
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Desired location of workshop

Estimated attendance

Please Indicate Workshop(s) of Interest:

- Time Management
- Study Strategies
- Test Preparation, Test Taking & Test Anxiety
- Note-Taking & Textbook Reading Skills
- Learning Styles
- Stress Management
- Goal Setting & Motivation
- Memory & Concentration
- Other topic: _____

Comments, concerns or questions