

Department of History

Department of History DECal Applicant Info

(Please complete a separate page for each facilitator.)

Student name _____

Student ID # _____

Date of Birth _____

Home Address _____
(include zip) _____

Email Address _____

Term of Instruction _____

Faculty Sponsor _____

Room Request Info

Preferred schedule
(please provide 2-3
options) _____

Requested media
equipment or classroom
needs _____

Requested # of seats _____

For Office Use Only

History 98 Section#	
CCN	
Schedule	
Emailed results	
Copy to HN	
Names to DB2	

Please return this form with your DeCal application to Leah Flanagan
(Office: 3327 Dwinelle; Mailbox: 3229 Dwinelle).