

Cowboy WellRewards

Elective Course Request Form

Employee Name: _____

CWID: _____

Phone #: _____

Email Address: _____

Department: _____

Campus Address: _____

Name of activity: _____

Activity Description
(date, location, etc.) _____

Return completed form to:

Administrative Services, 1111 University Blvd., Room 1117, Fort Collins, CO 80521