EMPLOYEE REGISTRATION REQUEST

- The Employee Registration Request must be completed prior to registering for classes.
- A separate Employee Registration Request must be completed for each institution you are attending.
- If any of the courses are conducted during your regular scheduled work hours, attach a written agreement between you and your supervisor to make up for the lost work time.
- Refer to Policy 3.130 for more information.

Please Check: ☐ Classified ☐ Spouse
☐ Faculty ☐ Spouse
☐ Professional ☐ Spouse
☐ Emeriti ☐ Spouse

Please Check: ☐ Full-Time
☐ Part-Time (20 hrs or more)
☐ I.H. on Benefits

Student's ID#: _____ Semester: _____ Year: _____

Student's Name: _____

Subject & Catalog Number (ENGL 101)	University Attending	Title of Class	Number of Credits	Time of Class (MWF 11:40-12:30)

The employee signing this request certifies that they have read the Educational Privilege Policy 3.130.

Employee Signature: _____ Date: _____

Employee Name: _____ ID# _____

Department: _____ Ext: _____ Hire Date: _____

Routing/Approval (date and approval signature stamp)

Department Head/Director Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Provost/VP/President Signature: _____ Date: _____

Human Resource Services Signature: _____ Date: _____