

Part-time Course Approval Form

I Registration Information:

Surname: _____ First Name: _____

Employee Identification Number (Required) : _____

Department: _____

Mailing address: _____

Email: _____

Telephone: Res: _____ other: _____

II Course Information:

Course Name: _____

Course Code: _____

Day: _____ Time: _____

Fee: _____

III Departmental Approval:

Registration fee (\$20.00) to be paid from Departmental Account: _____

Department will pay the additional supply cost (if applicable)

Yes _____

No _____

Staff member's signature; _____

Supervisor's signature: _____

Please submit this completed form to Registration for processing.