PROFESSIONAL DEVELOPMENT CONTINUING EDUCATION REGISTRATION FORM

NAME (PLEASE PRINT OR TYPE)	CWID	WORK EMAIL			WORK PHONE	
IOB TITLE DEPARTMENT/DIVISIO			PRIMARY CAMPUS			
IOB STATUS (check one): Full-time	Part-time, m	nore than 15	5 hours per v	veek Par	t-time, less th	nan 15 hours per weel
SECTION 2 COMPLETE ALL	INFORMATIO	N PERTA	AINING T	O CE CLASS	SES.	
View Continuing Education Class Scl not submitted at least five business		•			•	<u>in.edu</u> . Requests
NOTE: Places do not register for co	urcos Pogistrati	on is some	alatad by th	no Professions	al Davalanm	ont Toom All CE
NOTE: Please do not register for co courses are contingent on minimur	_		-		•	
confirmation email from the Profes	sional Developm	ent Team.				
5-Digit CRN Course Name	Fee	Day	(s)	Date(s)	Campus	Time
Failure to attend class without prop disqualify you for future CE classes.	er withdrawal* o	or obtain a	signed <u>CO</u>	NFIRMATION	OF ATTENDA	ANCE may
	intontion to	4 h al £	alaaa			ion Goollin odu
*CLASS WITHDRAWAL POLICY - You at least three business days prior to						
SECTION 3 SIGN FORM AN Courses must be approved by your					ioh duties ir	vour current role
courses must be approved by your	supervisor as per	tailing to	current and	u prospective	Job duties ii	ryour current role.
Employee Signature			Manager/Supervisor Signature – MANDATORY			
Date:			•	nt Cost Center /		<u>=</u>
Date			Note: If the CE course is taught by a Collin College CE instructor, the instructional fee will be charged to the Employee Success Team's budget.			
Email completed form to professional	development@col	lin.edu.	Vendor-led co	urses will be charge	ed to the departn	nent cost center.
For HR and Continuing Education Use Only						
CE Class Eligible (contingent on minimu	ım enrollment):	Yes	No		Initial	s of CE Representativ
Signature Campus Provost						
Explanation:						