



PROFESSIONAL DEVELOPMENT CONTINUING EDUCATION REGISTRATION

Section 1 ALL INFORMATION REQUIRED

NAME: _____ TODAY'S DATE: _____

CWID: _____ WORK PHONE: _____

FT/PT: _____ DIVISION: _____ CAMPUS: _____

Section 2 COMPLETE ALL INFORMATION PERTAINING TO YOUR CHOICE OF WORKSHOPS. [Continuing Education Class Schedule](#) for listings and fees for classes.

Course #	Class Name	Day(s)	Date(s)	Location	Time

Section 3

The Office of Professional Development will cover the cost of tuition if proof of attendance is provided (when the instructor returns the sign-in sheet). Failure to attend class without proper cancellation* could result in your division/department being charged for these costs.

*CLASS CANCELLATION POLICY

Your intention to withdraw from a class must be e-mailed at least three working days prior to the first day of class. You will receive an e-mail confirming your withdrawal. E-mail should be sent to bhamilton@collin.edu.

Section 4

Sign form and obtain signature of Organization Code Manager.

Employee Signature

Org Code Manager/Supervisor Signature – MANDATORY

Organization Code / Account Number

TO COMPLETE ENROLLMENT: Send completed registration form to the Office of Professional Development – CHEC, Room 348