



## PROFESSIONAL DEVELOPMENT CONTINUING EDUCATION REGISTRATION

### Section 1 ALL INFORMATION REQUIRED

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

CWID: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FT/PT: \_\_\_\_\_ Dept: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

### Section 2 COMPLETE ALL INFORMATION PERTAINING TO YOUR CHOICE OF WORKSHOPS. See [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 once proof of attendance is provided; please return the Confirmation of Attendance form signed by the instructor. Failure to attend class without proper cancellation\* could result in your division/department being charged for tuition. Note: Any books required for the course will be paid for by the employee's department.

#### **\*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 [vyork@collin.edu](mailto:vyork@collin.edu).

### Section 4 Sign form and obtain signature of Supervisor.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

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