



## 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.

See [Professional Development](#) or [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](mailto:bhamilton@collin.edu).

### Section 4

**Sign form and obtain signature of Organization Code Manager.**

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

\_\_\_\_\_  
Org Code Manager/Supervisor Signature – MANDATORY

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