

**PROFESSIONAL DEVELOPMENT CONTINUING EDUCATION REGISTRATION FORM**

**SECTION 1 ALL INFORMATION REQUIRED**

NAME (PLEASE PRINT OR TYPE) \_\_\_\_\_ CWID \_\_\_\_\_ WORK PHONE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

**SECTION 2 COMPLETE ALL INFORMATION PERTAINING TO YOUR CHOICE OF CE CLASSES.**

View [Continuing Education Class Schedule](#) for listings and fees or log into [CougarWeb](#) to view the PD Training Schedule.

**NOTE: All CE classes are contingent on minimum enrollment. Employee must contact [CE registration](#) 4 days prior to class and ensure minimum enrollment to use this waiver.**

**PLEASE PRINT OR TYPE**

Course #	Class Name	Fee	Day(s)	Date(s)	Campus	Time

**SECTION 3** Please note that there **could be** a charge to your department to cover the costs of tuition. **Failure to attend class without proper withdrawal\* or obtain a signed [CONFIRMATION OF ATTENDANCE](#) could result in your division/department being charged for these costs and may disqualify you for future CE classes.**

**\*CLASS WITHDRAWAL POLICY** - Your intention to withdraw from a class must be e-mailed at least three (3) working days prior to first day of class. You will receive an e-mail confirming your withdrawal. Email should be sent to [CE registration](#).

**SECTION 4 SIGN FORM AND OBTAIN SIGNATURE OF ORGANIZATION CODE MANAGER.**

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

\_\_\_\_\_  
Manager/Supervisor Signature – **MANDATORY**

\_\_\_\_\_  
Organization Code / Account Number – **MANDATORY**

**TO COMPLETE ENROLLMENT: Email completed registration form to [Gen Northup](#) in Human Resources.**

**For HR and Workforce Development Use Only**

CE Class Eligible for Fee Waiver (contingent on minimum enrollment)      Yes      No

\_\_\_\_\_  
Vice President of Workforce & Prof. Dev.

Explanation: \_\_\_\_\_