



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 WORKSHOPS.

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 cancellation* or obtain a signed Certificate of Attendance could result in your division/department being charged for these costs and may disqualify you for future CE classes.

*CLASS CANCELLATION 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 [Justina Conley](#).

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

Employee Signature _____

Org Code Manager/Supervisor Signature – **MANDATORY** _____

Organization Code / Account Number – **MANDATORY** _____

TO COMPLETE ENROLLMENT: Email completed registration form to [Justina Conley](#) 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: _____