



College of Continuing  
and Professional Education

# KSU Campus Employee Registration Form

For Internal Use Only

**REGISTRATION SERVICES · 3333 Busbee Drive, MD #3301 · KENNESAW, GA 30144**

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INSTRUCTIONS

Utilize this form to request permission to register for a course within the College of Continuing and Professional Education. This form is to be used by KSU Campus employees only.

- 1) Employee should fill out *Employee & Course Information* section, sign and date.
- 2) Employee should get signature of immediate supervisor approving him/her to register for the course.
- 3) Immediate Supervisor should get signature of Business Manager (if applicable) approving use of departmental funds. Signature of Immediate Supervisor is **required** regardless of the purpose for taking the course.
- 4) Employee should return completed form to Vicki Foster in the Registration office by fax or email. Review/Approval by a representative of the College of Continuing and Professional Education is **required**.
- 5) Registration representative will contact employee one to two days before the first day of class to collect fees due.

EMPLOYEE & COURSE INFORMATION

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Mail Drop: \_\_\_\_\_

Campus Telephone No: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_

Dates: \_\_\_\_\_ Times: \_\_\_\_\_

Purpose for Taking Course:       JOB RELATED                       PERSONAL DEVELOPMENT

I request permission to attend this Continuing Education course. After obtaining supervisory approval, I understand that I may attend this course on a **space available basis**. I further realize that I will incur personal costs for the employee course fee, and in some cases, for textbooks and/or course related materials if not job related. The College of Continuing and Professional Education will advise me of the associated cost when my attendance is confirmed **one to two days prior to the first day of class**.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be confirmed by IMMEDIATE SUPERVISOR: The above request complies with institutional and BOR guidelines listed below:

1. For Department paid courses, this course is judged to be for staff development purposes and is deemed job-related.
2. The furtherance of the employee's continuing education at this time is in the best interest of the institution.
3. Taking this course will not reduce the efficiency of the employee's department nor cause any delays in completion of work assignments or position responsibilities.
4. The employee may be enrolled in only one Continuing Education course at one time and the course will be taken during the agreed upon time.
5. The employee has a regular, full-time position and has the approval of his/her immediate supervisor.

Immediate Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing above, we agree to allow Continuing Education to initiate and process Owl Pay request.**

### PAYMENT INFORMATION (PLEASE CHECK ONE)

COSTS TO BE PAID BY:    EMPLOYEE    EMPLOYEE'S DEPARTMENT (PLEASE FILL OUT SPEED CHART NUMBER)    SPEED CHART \_\_\_\_\_ ACCOUNT NO: 727110

CE Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_