



KSU Campus Employee Registration Form

For Internal Use Only

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

Phone: 470-578-6765 • Fax: 470-578-9085 Email: cereg@kennesaw.edu

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 the Registration office by fax or email (cereg@kennesaw.edu) Review/Approval by a representative of the College of Continuing and Professional Education is **required**.
- 5) Registration representative will contact employee 1-2 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 will be taking the course 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: _____