



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

30144 Phone: 470-578-6765 • Fax: 470-578-9085 Email: cpereg@kennesaw.edu

INSTRUCTIONS

Utilize this form to request permission to register for a course within the College of 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. Speed chart should be provided for department budget. 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 (cpereg@kennesaw.edu) Review / Approval by a representative of the College of Professional Education is **required**.
- 5) Registration representative will contact employee to collect fees due if employee is paying for class fees personally.

EMPLOYEE & COURSE INFORMATION

Employee Name: _____

Department: _____ KSU Email: _____

Campus Telephone No: _____ Home Telephone No: _____

Course Title: _____

Course Number: _____ Course Fee: _____

Dates: _____ Times: _____

Purpose for Taking Course: Professional Personal

I request permission to attend this Professional 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 Professional Education will advise me of the associated cost when my attendance is confirmed.

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 professional 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 the approval of his/her immediate supervisor.

Immediate Supervisor's Signature: _____ Date: _____

Dept. Head or Bus. Mgr. Signature: _____ Date: _____

By signing above, we agree to allow Professional Education to initiate a journal entry at the end of the month following the class start date.

PAYMENT INFORMATION (PLEASE CHECK ONE)

COSTS TO BE PAID BY: EMPLOYEE EMPLOYEE'S DEPARTMENT (Please provide chart string below). Department expense will be charged to account 727110.

Fund _____ Dept. _____ Program _____ Class _____ Project _____

CPE Representative's Signature: _____ Date: _____