

Personnel Development Program FREE COURSE APPLICATION

FULL-TIME EMPLOYEE: Complete all items and submit to your department supervisor. SPOUSE OF FULL-TIME EMPLOYEE: Complete items 1-5 and submit to the Employee's Division Administrator.

1.	Applicant:			ID# or SSN:	
2.	. Applicant Status:		nployee	☐ Spouse of Full-time Employee	
3.	Employee Name (if different from above):				
4.	Class Requested: Co	ourse Code	Title _		
	Credit Hours:		Days:	Time:	
5.	Term: FALL	☐ SPRING	SUMMER	Year: 20	
	******	*******	***For Full-time E	Employees Only ************************************	
6.	Is course to be taken	during work hours?	Yes	□ No	
7.	. Purpose for taking class: Degree Job-Related Personal Development Other				
8.	If purpose is job-related, please explain how class is directly related to present job improvement:				
9.	If purpose if other than job-related, please explain how time spent in class will be made up after working hours:				
Sign	Signature: Date:				
	******************** oervisor's Authorization			**************************************	
Con	nments:				
Supervisor's Signature: Date:					
**** Actio			**************************************	**************************************	

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