



EMPLOYEE CLASS ENROLLMENT APPLICATION

Print Name: _____

I wish to enroll in the following class(es) for

(Circle One)

CREDIT or AUDIT

Academic Year	SEMESTER Fall / Spring	Course Number	Course Name

I understand that I am responsible for the cost of the book(s) up to a total of \$75.00.

Signed:	Date:
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Supervisor Approval:	Date:
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Please submit this signed and approved form to the Registrar.

OFFICE USE ONLY:

Approved VPAA:	Date:
Business Office:	Date: