



COLLEGE/UNIVERSITY ENROLLMENT FORM

Date: _____ Employee Name: _____

College/University: _____

I. THIS SECTION FOR EMPLOYEE

COURSE INFORMATION: ALL ENROLLMENT FORMS MUST BE SUBMITTED FOR APPROVAL PRIOR TO COURSE START DATE.

Course Title & ID		Graduate Level Yes/No	Credit Hours	Tuition per Credit hour	Tuition total
				\$	\$
Course Start Date	Course End Date:	Course Meeting Day		Course Meeting Time	

Official Course Description:

How does this course relate to your present teaching assignment?

II. APPROVAL - Principal and Superintendent approval is required. Please obtain Principal approval prior to submitting form to District Office for Superintendent's approval.

Principal: _____ Date: _____

Superintendent: _____ Date: _____

APPROVED:

NOT APPROVED: