



Request For Course Registration During Normal Business Hours

Name: _____ Social Security Number: _____

Title: _____ Department: _____

Hire Date: _____ % Time: _____ Work Phone: _____ Mail Code: _____

Highest Degree Earned:

| | |
|-------------|-------|
| High School | _____ |
| Associate | _____ |
| Bachelor | _____ |
| Master | _____ |
| Ph.D. | _____ |

Degree earned at: _____ Date: _____

This request is for the (Term/Year): _____

Current Class Status:

| | |
|---------------------|-------|
| Freshman/Sophomore | _____ |
| Junior/Senior | _____ |
| Graduate/Degree | _____ |
| Graduate/Non degree | _____ |

Instruction type:

| | | | | | |
|-------------------|-------|-------|-------|------|-------|
| Univ. of Illinois | _____ | UIC | _____ | UIUC | _____ |
| Other University | _____ | Which | _____ | | |

List courses for which you plan to register:

| Course number | Credit hours | Class meeting day/time | Related to your job |
|---------------|--------------|------------------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If the course(s) is/are not job related during normal work hours, please indicate how the time will be made up:

I certify that the above information is true and correct. I agree to submit a new request should my registration change.

Employee signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Department Head's Certification:

The employee has my permission to register for the course(s) requested.

Department Head Signature: _____ Date: _____