

Training & Development Department

Request for Training

Office Use Only		
EN	WL _	PATD

Please complete a separate form for each course registration.

Name	SS# (last 4 digits)	
Department	Building	
If off-campus, include city, state, ZIP	Work telephone	
Official job title	Email address	
Course title	Date of program	
Training code #	Time of program	
For classes offered more than once per quarter, please check ONE box at right. I request enrollment ONLY on the class date listed above I will accept enrollment in any available class with title listed above I understand if I leave my work area during working hours to attend training classes, I should obtain appropriate supervisory permission.		
If you are a person with a disability and have special needs, please contact the Training and Development Department at 706-542-7062 prior to training sessions so that any possible accommodations can be made.		
Send this form to: Training & Development Mail address: Training & Development Center Campus 4302	s: Training & Development Center	
FAX number: 706-542-6495 (no cover letter needed)		

Classes are filled on a first-come basis according to the date registration forms are received.