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Name _____ Home phone _____

Jobtitle _____

Work phone _____

Year: _____ Quarter: Fall Winter Spring Summer

PLEASE NOTE: Completion of the class section below does not automatically register the class(es) when received in the campus registration office. Registration will happen by the end of the fifth day of the quarter, depending on class availability

List class(es) below:

ITEM NUMBER	SECTION	DEPT/DIVISION and COURSE ID	COURSE TITLE	CREDITS

Maximum 2 classes ten credits

TO BE COMPLETED BY THE EMPLOYEE SUPERVISOR AND ENROLLMENT

I verify that _____
Employee's name

holds the position of _____
Title / classification

and is a permanent employee employed one-half time or more.

Supervisor _____
Please print

Title _____

Signature _____ Date _____

Class eligibility verification/Registration Office _____ Date _____
Enrollment Services

GHCEmployee Waiver Code Applied _____ Date _____
Enrollment Services