

COURSE REGISTRATION FORM

(This form may be duplicated)

For all courses fax (732) 235-9509

Or send via campus mail to:

Human Resources, Offices of Training and Organizational Development

Liberty Plaza, Suite 1200, New Brunswick

For questions call (732) 235-9500

Print Name _____ UMD ID (or Last 4 of SS#) _____

Title _____ Dept. _____

Building _____ Room # _____ Campus _____

Telephone (Work) _____ Alt # _____ Cell
Home

E-mail (Work) _____ Alt _____

Course Requested Title: _____ Course Code # _____
(One per form)

Identify the Dates /Campus you wish to Attend: _____ / _____

If that class is full, if being offered I may consider attending in: Newark New Brunswick Stratford
(Circle)

Supervisor's Name (Print)

Title

Telephone

Supervisor,

Please check if: Supervisor referral Employee request

Supervisor's Signature (Required)

E-mail address (Print)