

UNITY COLLEGE
EMPLOYEE REQUEST TO ENROLL IN COURSES

Employee Name: _____

Job Title: _____

I wish to enroll in the following course(s) for _____ semester.

<u>Course #</u>	<u>Course Title</u>
_____	_____
_____	_____

I understand that if this request is approved, tuition and the following fees will be waived: application, enrollment, technology, and student activity. I am prepared to pay all other charges (course fees, books, and course materials).

_____ Employee Signature	_____ Date
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TO BE COMPLETED BY SUPERVISOR

- () The above-named employee has been employed full-time by Unity College for more than three months, but less than one year, and may register for the course(s) listed above. These courses will not interfere with their regularly scheduled working hours.

- () The above-named employee has been employed full-time by Unity College for at least one calendar year and may register for one course that meets during their scheduled working hours plus those which do not interfere with scheduled working hours.

_____ Director of Human Resources	_____ Date
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_____ Supervisor	_____ Date
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- () The above named employee has met with me to determine ineligibility for Financial Aid for the current academic year, or
- () I verify this employee is applying for Financial Aid

_____ Director of Financial Aid	_____ Date
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This employee is cleared to register in the course(s) listed above.

_____ Registrar	_____ Date
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