



**Request For Course Registration During Normal Business Hours
COMPUTER SCIENCE DEPARTMENT**

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: _____