Registration Form

				egister via our <u>online catalog</u> if is limited; please register early.	
☐ Check box	if this is new inform	nation.			
Name:			Box Number/Address:		
Job Title: Department / Org:			Work Phone: Email Address:		
	ntification Number can access their EIDs via	(EID)*: Workday or their UW un	it's payroll coordinator.		
REGISTRAT	TION FOR COURS	SES			
List by priority	the courses in which	you would like to pa	rticipate.		
Course Code	Class Title		Dates/Times	Fee (see Payment below)	
SUPERVISO	DR'S SIGNATURI			<u> </u>	
supervisor's	s signature below (no	t necessary for admi	_	have been made as indicated by my cure also means approval of additional an 24.	
Superviso	r's name:				
Signature:			Date:		
☐ This class w	ill not be taken durir	ng my working hours	(supervisor's signature not	required).	
PAYMENT	(MUST ACCOMP	ANY REGISTRAT	TION FORM)		
	thorization or purchage our UW departme				
Budget name: Budget name contact:			Budget number:		
PAYMENT BY C	CASH OR CHECK INCL		UTIONAL OVERHEAD FEE. (F	ease staple check to this form.) Published course fees reflect UW	
☐ I am paying	with cash at the POD	office.			
For POD use onlu: Ck Rec'd bu		Ck Amt \$	Date Ck#		

DISABILITY INFORMATION