



**Continuing Education Request Form**

Please complete this form for prior to enrollment in a course for which reimbursement will be requested.

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employment Date: \_\_\_\_\_

School/College or University: \_\_\_\_\_

Course Name: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

Goals for taking course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

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Approved Coursework on \_\_\_\_\_  
Date

Approved by: \_\_\_\_\_  
Human Resources Director