

Lamar Institute of Technology Faculty/Staff Course Enrollment Application Form

Application deadline:

First official class day of the semester/term. This Application is <u>not valid</u> until all administrative signatures have been obtained.

NOTE: A separate form MUST be completed and submitted for EACH semester.

Section I: Employee Information

Employee Name (Last, First, Middle)		Contact Phone Number	Cell Phone Number	Banner ID No.
Job Title		Department Name Email Address		255
Section II: Course Information	n			
Course Name & Number		Course Description		Semester Credit Hours
Semester/Term & Year		Class Meeting Days and Time		
Campus Location of Course:				
Lamar UniversityLa	mar Institute of Techr	nology Lamar State	e College Orange Lamar Sta	ate College Port Arthur
2.	credited by a regiona	l accrediting agency appro	oved by the U.S. Department of E	ducation:YesNo
This Course is required for my	Undergraduate De	gree: Yes N	0	
This Course is Job Related:		YesN	O Employee Signature	Date
If this Course <u>is</u> job related yo	u must explain how	it is related to your cu	rrent job duties:	
Section III: Absence from Wo	rkstation Requeste	d		
Absence Requested:	Yes No	 Employee Signature		Date
Absence Approved:	Yes No	Account Manager		Date
,	Yes No			2010
		Dean/Director (Divisional	I VP signs if employee is Dean/Director)	Date
Section IV: Payment Request Payment Requested:				
Payment Approved:		Employee S	ignature	Date
Account Manager's Signature		Date Dean/Direct	or's Signature (Divisional VP signs if empl	oyee is Dean/Director) Date
FOR HUMAN RESOURCES & STUDENT FINAN	ICIAL AID/ACCOUNTANT USE	ONLY		
Employee's FTE	Date Employed	Verified by Huma	an Resources	Date
Ś Amour	nt Applied to Student Accou	Applied by Finance	rial Aid or Accountant	Date