Lamar Institute of Technology
Faculty/Staff Course Enrollment Application Form

Application deadline:
First official class day of the semester/term. This Application is __not valid__ until all administrative signatures have been obtained.

Section I: Employee Information

_____ _____ _____ _____
Employee Name (Last, First, Middle)　　　　Contact Phone Number　　Cell Phone Number　　Banner ID No.

_____ _____ _____
Job Title　　　　　　　　　　　　　　Department Name　　　　　　　　　　Email Address

Section II: Course Information

_____ _____ _____
Course Name & Number　　　　　　　Course Description　　　　　　　　　　　　Semester Credit Hours

_____ _____
Semester/Term & Year　　　　　　　Class Meeting Days and Time

Campus Location of Course:

_____ Lamar University　_____ Lamar Institute of Technology　_____ Lamar State College Orange　_____ Lamar State College Port Arthur　_____

_____ Other (specify college/university offering course) _____
This college/university is accredited by a regional accrediting agency approved by the U.S. Department of Education:　___ Yes　___ No

This Course is required for my Undergraduate Degree:　___ Yes　___ No

This Course is Job Related:　　　　　　　___ Yes　___ No　_____　_____
　　　　　　　　　　　　　　　　　　　　　　　　　　　Employee Signature　　　　　　　　Date

If this Course __is__ job related you must explain how it is related to your current job duties: _____
_____

Section III: Absence from Workstation Requested

Absence Requested:　___ Yes　___ No　_____　_____
　　　　　　　　　　　　　　　　　Employee Signature　　　　　　　　　　　　Date

Absence Approved:　___Yes　___ No　_____　_____
　　　　　　　　　　　　　　　　　Account Manager　　　　　　　　　　　　Date

　　　　　　　　　___Yes　___ No　_____　_____
　　　　　　　　　　　　　　　　　Dean/Director *(Divisional VP signs if employee is Dean/Director)*　Date

Section IV: Payment Requested
Payment Requested:　___ Yes　___ No　_____　_____
　　　　　　　　　　　　　　　　　Employee Signature　　　　　　　　　　　　　Date

Payment Approved:

_____ _____ _____ _____
Account Manager's Signature　　　　　Date　　　Dean/Director's Signature *(Divisional VP signs if employee is Dean/Director)*　Date

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FOR HUMAN RESOURCES & STUDENT FINANCIAL AID/ACCOUNTANT USE ONLY

_____ _____ _____ _____
　Employee's FTE　　　　Date Employed　　　　　　Verified by Human Resources　　　　　　Date

　　　　　　　　_____ _____ _____
　　　$ Amount Applied to Student Account　　Applied by Financial Aid or Accountant　　Date