



## Authorization for Employee to Register for Courses During Normal Workday

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Employee's Name:

MDID:

Course Title:

Course #:

Term:

Year:

Day(s):

Time:

Reference Number:

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Describe reasons for taking course during workday.

Describe how time will be made up.

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

\_\_\_\_\_  
Date

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This Approval is consistent with [College Procedure #2303](#)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Dean