



Return this form to UW Professional & Organizational Development, Box 354962 | FAX 206-543-8700. For more information, call 206-543-1957. **Class space is limited; please register early.**

Check quarter for courses listed below:  Winter  Spring  Summer  Autumn Year \_\_\_\_\_

PLEASE PRINT OR TYPE CLEARLY.  **Check box if this is new information.**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Employee Identification Number (EID)\* \_\_\_\_\_ Your UW Net ID \_\_\_\_\_

Job Title \_\_\_\_\_ Department / Org \_\_\_\_\_

Box Number / Address \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

\* UW employees can access their EIDs via Employee Self Service at MyUW, their UW paycheck stubs, or their UW unit's payroll coordinator.

**Registration for Courses**

List by priority the courses in which you would like to participate.

Course Code	Class Title	Dates / Times	Fee (see Payment below)

**Supervisor's Signature**

This class will be taken during my working hours. Arrangements for release time have been made as indicated by my supervisor's signature below (not necessary for administrators or faculty). Signature also means approval of additional class hours not covered by UW Release Time Policy, if hours above total more than 24.

Supervisor's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This class will not be taken during my working hours (supervisor's signature not required).

**Payment (must accompany registration form)**

Letter of authorization or purchase order attached.

Please charge our UW departmental budget:

Budget name: \_\_\_\_\_

Budget number: \_\_\_\_\_

Budget name contact: \_\_\_\_\_

Attached is my personal check made payable to the University of Washington. (Please staple check to this form.) **PAYMENT BY CASH OR CHECK INCURS 15.6% UW INSTITUTIONAL OVERHEAD FEE.** (Published course fees reflect UW budget # pricing; e.g., \$100 course fee = \$115.60 if paid by cash or check.)

I am paying with cash at the POD office.

For POD use only: Ck Rec'd by \_\_\_\_\_ Ck Amt \$ \_\_\_\_\_ Date \_\_\_\_\_ Ck# \_\_\_\_\_

**Disability Information**

To request disability accommodations, contact the Disability Services Office as soon as possible: 206-543-6450 (voice), 206-543-6452 (TTY), or dso@u.washington.edu (e-mail).