



## Lamar University 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

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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Signature	Date
Absence Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Account Manager	Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dean/Director <i>(Divisional VP signs if employee is Dean/Director)</i>	Date

### Section IV: Payment Requested

Payment Requested:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Signature	Date
Payment Approved:		Account Manager's Signature	Date
		Dean/Director's Signature <i>(Divisional VP signs if employee is Dean/Director)</i>	Date

**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