



**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:  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

**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	