

Application for Audit/Non-Credit Program
**A**

Last Name	First Name	M.I.	Columbia State ID Number	Service Date
Department		Account Number	Job Title	
		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time
Work Phone	Cell/Home Phone	Employment Date		

I request to enroll in the following Audit/Non-Credit Program course offered at:

Name of Institution	From Date	To Date	Semester	Year
Course	Course Title	Credit Hours/CEUs	Meeting Days (M,T,W,Th,F,S) or On-Line	Time: From-To (am/pm)

 This course is:  For Non-Credit  Audit Cost of Course: \$ \_\_\_\_\_ Acct. # to be charged: \_\_\_\_\_

 An alternate work schedule for this class has been requested:  Yes  No *(If yes, the schedule is attached)*

 This course is related to my work at Columbia State  Yes  No

I have been fully admitted to the above stated institution and understand the conditions affecting my enrollment in this course. If following my enrollment in a course and if upon verification of my enrollment status, I am found to be ineligible for this benefit I will be responsible for payment of all previous waived fees plus any other applicable charges. I understand the conditions affecting my enrollment in this course. I have read and fully understand the requirements (as detailed in the appropriate section of TBR Guideline P-130 and Columbia State Policy 05:18:00) related to my request for educational assistance.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization Section**

I certify that the above named person is a full-time employee of this institution who is under my direct supervision. I approve this request for educational assistance, verify that the course to be taken is related to the employee's job, and have addressed any scheduling issues related to the employee's attendance in the class detailed in the request.

Immediate Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Job Title \_\_\_\_\_

Administrative Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Job Title \_\_\_\_\_

**Human Resources Office** Date of Employee's Full-time Employment: \_\_\_\_\_

 Approval: \_\_\_\_\_ Date \_\_\_\_\_  
Director of Human Resources or Designate
**Business Office**

Cost of Course: \$ \_\_\_\_\_ Date \_\_\_\_\_

**Instructions for Enrollment in Courses under PC 191:**

1. Available to regular full-time or part-time employees, employed by Columbia State at least six (6) months.
2. Course must be job-related, non-credit. The employee must be admitted to the institution in order to enroll.
3. Questions regarding admission and enrollment must be addressed with the institution in which the course is being taken.
4. After all approvals are secured, employee must provide the original of form to the institution in which enrolled.