

# Employees' University Class Registration Form



Fill out this registration form completely.  
 Incomplete forms will be returned.  
 This form may be duplicated for additional courses.

- 1) If you are a first time student, complete the online MASTER enrollment form. This is a one time process and is required.
- 2) Complete the class registration form including signatures, account numbers and your e-mail address.
- 3) Print the form and fax to Employees' University at ext. 1741 (805-692-1741).

Please print clearly or type.

<b>Legal name</b> as you wish it to appear on your records:							
Last name		First name			Middle		
<b>Name on previous records</b> , if different from above:							
Last name		First name			Middle		
<b>I am currently an employee of:</b> ___ County of Santa Barbara  ___ Other - Outside Agency  If other, print name of agency _____  Address, City, and Zip _____				<b>I am a:</b> ___ New Student ___ Returning Student  <b>Current Position:</b> ___ Office Professional ___ Professional and/or Technical ___ First-line Supervisor ___ Manager ___ Executive  Title: _____			
<b>SBC Department Name (not division):</b>				<b>Work Phone Number:</b>			
<b>SBC Worksite Address:</b>				<b>City/Zip:</b>			
<b>E-mail Address</b> ( <i>Please provide in order to confirm your registration status</i> ):							
Course Information							
Course Number	Course Name				Course Location, Date & Time		
<b>Employee's Signature:</b>					<b>Date:</b>		
<b>Print Supervisor's Name:</b>		<b>Supervisor's Signature:</b>			<b>Supervisor's Phone Number:</b>		
Account #s (for SBC Employees only). The first four account numbers are required by the EU. The next four are for the department's use and are optional.							
EU Req.	EU Req.	EU Req.	EU Req.	Dept. Optional	Dept. Optional	Dept. Optional	Dept. Optional
Fund:	Dept	LI Acct:	Program:	Org:	Proj:	Activity:	Area:
					EUA		