



# CLASS REGISTRATION FORM

Please fill out the form completely.  
Incomplete forms will be returned.  
Form may be reused for future 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)

## PARTICIPANT INFORMATION

<b>Legal Name</b> as you wish it to appear on your records:		
Last:	First:	Middle:
Name used on previous records, if different from above:		
Last:	First:	Middle:
I am currently an employee of:		I am a: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student
<input type="checkbox"/> County of Santa Barbara. <input type="checkbox"/> Other - Outside Agency: _____ <div style="text-align: center;"><i>Name of Agency</i></div>		Current Position Title: _____
_____		<b>Job Category:</b> <input type="checkbox"/> Office Professional <input type="checkbox"/> Professional and/or Technical <input type="checkbox"/> First-line Supervisor <input type="checkbox"/> Manager <input type="checkbox"/> Executive
_____		_____
Address, City, and Zip		
SBC Department Name (Not Division):		Work Phone Number
SBC Worksite Address:		City / Zip
Email Address (required):		
Has your contact information above changed in the last 12 Months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## COURSE INFORMATION

Course Number	Course Name	Course Location, Date, & Time					
Employee's Signature:		Date:					
Print Supervisor's Name:	Supervisor's Signature	Supervisor's Phone Number:					
<b>EU Required Account Numbers (SBC Employees only)</b>				<b>Optional Account Numbers (SBC Employees only)</b>			
Fund #	Department #	LI Acct #	Program #	(Optional) Org. #	(Optional) Proj. #	(Optional) Activity	(Optional) Area #