

SAMUEL MERRITT UNIVERSITY

Application for Staff & Faculty to Enroll In Samuel Merritt University Courses

Personal Information

Name: _____		
Address: _____		Work telephone: _____
_____		Home telephone: _____
City: _____	State: _____	Zip code: _____
Date of Birth: _____	SSN: _____	
Job Title: _____	Department: _____	

Course Information

Course Title: _____	
Dept/Course Number: _____	
Number of Units: _____	When does this class meet? _____

Please note how enrollment in this course will benefit your personal and professional development:

If this course is scheduled during your regular assigned working hours, please indicate what provisions you have made for covering departmental needs and meeting usual job expectations:

Approval

Employee Department Supervisor Date

Vice President, Date
Administration and Finance

Faculty of Record Date

Routing:

Admission, Registrar, Human Resources, and Student Accounts