

**University Library  
Civil Service Employees  
COURSE ENROLLMENT FORM**

**Completion of any part of this form does not constitute an enrollment in a university course. This form is used for University Library departmental approval of course enrollment, and in cases of courses requested by the employee, to record how the time spent in classes will be made up. Employees who enroll in university coursework must follow the rules, regulations, and deadlines applicable to a student in addition to your responsibilities as an employee.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

UIN \_\_\_\_\_ Job Title \_\_\_\_\_

Library Unit \_\_\_\_\_

Campus Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Hours Worked Per Week \_\_\_\_\_ Work Schedule \_\_\_\_\_

Total number of college credit hours and/or units accepted by the U of I for work done previously.  
\_\_\_\_\_

Current standing; eg, Freshman, etc., Graduate, Post-Graduate - \_\_\_\_\_

Name of College, School, Department or Institute in which you are, or will be, enrolled - \_\_\_\_\_  
\_\_\_\_\_

Degree which you are seeking. (If none, enter "non-degree".) \_\_\_\_\_

I wish to enroll in the Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_ semester during the \_\_\_\_\_ academic year.

**Course Information**

Name	Number	Hours/Units	Schedule

I hereby certify that \_\_\_\_\_ is only offered during the employee's regular work hours and is the only non-work related course to be taken during the employee's regular work day.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

**OVER**

## Statement of the Head of Employing Department

I hereby certify

(Please check one option and cross out the other.)

\_\_\_\_\_ that the course(s) this employee is to enroll in are being requested by the department and are directly applicable to improved University service; that they are valuable to the University as an employer; and that the time spent in these classes is to be counted as time worked.

**OR**

\_\_\_\_\_ that the course(s) this employee is to enroll in are being requested by the employee for their own personal benefit. The time spent in classes by this employee will be deducted from their pay, charged to vacation benefits or made up as follows:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Head of Employing Department Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Library Human Resources Office

\_\_\_\_\_  
Date