

# INDIVIDUAL APPLICATION FOR IN-SERVICE TRAINING PROGRAMS

**TO TRAINING APPROVAL OFFICER:** This application is provided for your agency's internal use only, and should NOT be submitted with your Agency's registration summary pages. If your agency has its own Training Application Form, simply discard this one. Fill in your name and address in the box below. Request any additional student data that you must collect in the blank space provided.

**TO APPLICANT:** Return this Application to:

**Return no later than:**

TAO Name: **Judy Nosal**  
Address:

**REMINDER TO APPLICANT:** Be sure to double-check the dates and times of the courses you are applying for, for any potential conflicts. No seat changes or withdrawals are allowed once seats have been assigned.

Some commonly asked questions appear on the catalog page titled, "How to Apply for Training". If you have any additional questions please contact your Training Approval Officer directly.

## COURSE INFORMATION -- ONE COURSE PER PAGE

Course Title:

Course Number:

Course Dates:

Course Fee:

Substitution Option:  
(Circle one):

Same Course at Same College Only

Same Course at Any College

NO Substitutions

I meet the prerequisites listed in the course description for this class (circle one): YES NO NONE LISTED

## APPLICANT INFORMATION

Name:

Title:

Department:

Address:

State training programs are available to State employees without regard to race, sex, color, religion, national origin or mental or physical handicap. The following information is needed to meet State and Federal affirmative action requirements:

Male \_\_\_\_\_ Female \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_

Please indicate any special accommodations needed, including auxiliary aids for effective communication, because of a disability: \_\_\_\_\_

Additional Information:

**BANNER ORG**

## SUPERVISOR'S APPROVAL

Signature:

Date: