Continuing & Professional Education Employee Discount Registration Form

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY. THIS FORM MAY BE DUPLICATED.

Requirements to apply for this discount are as follows:

1. Must be employed by Columbus State University as “benefits eligible” employee.
2. Classes are discounted 25% up to a maximum of $50 per employee, per year, on classes offered through Continuing & Professional Education. This discount does not apply to online courses.
3. The discount can be applied to the employee’s immediate family. Immediate family refers to: Employee, employee’s spouse, children, grandchildren or foster children.
4. CSU retirees may apply the discount to classes in which they register. Discount may not be applied to other family member registrations.
5. Applications can be obtained from the HR Website or call Continuing & Professional Education at 706.507.8070. Application must be signed by the employee and supervisor.
6. This form must be submitted at the time of registration. Registrations processed prior to submission of form are not eligible to receive discount.

This program is based on first-come, first-served basis and based on availability of Foundation funding.

CLASS INFORMATION

<table>
<thead>
<tr>
<th>Class Name</th>
<th>Class Date</th>
<th>Class Registration Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
<td>Student Date of Birth</td>
</tr>
</tbody>
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PAYMENT METHOD

☐ Cash   ☐ Check

To Charge by Phone: call 706.507.8070
To FAX this form: fax to 706.569.3113
If paying by Check or Money Order: make payable to Columbus State University

EMPLOYMENT VERIFICATION

Employee Name: ______________________________ Dealer ______________

Employee Signature: ____________________________________________

I verify the above named employee is a member of my staff and meets the benefits requirement to be eligible to receive the employee discount for registration into classes offered through Continuing & Professional Education

Supervisor Name: ________________________________________________

Supervisor Signature: ____________________________________________ Date ____________________

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