

**KENNESAW STATE UNIVERSITY REQUEST FOR PERMISSION TO ATTEND  
CONTINUING EDUCATION COURSES**

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Mail Drop: \_\_\_\_\_

Campus Telephone No: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_

Dates: \_\_\_\_\_ Times: \_\_\_\_\_

Purpose for Taking Course: \_\_\_\_\_ Job Related \_\_\_\_\_ Personal Development

I request permission to attend this Continuing Education course. After obtaining supervisory approval, I understand that I may attend this course only on a space available basis as verified by the Division of Continuing Education. I further realize that I will incur personal costs for the employee course fee, and in some cases, for textbooks and/or course-related materials, if not job-related. The Division of Continuing Education will advise me of the associated costs when my attendance is confirmed **one to two days prior to the start of class.**

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE CONFIRMED BY IMMEDIATE SUPERVISOR:** The above request complies with the institutional and Board of Regents guidelines listed below:

1. This course is judged to be for staff development purposes and is deemed to be job-related.
2. The furtherance of the employee's continuing education at this time is in the best interest of the institution.
3. Taking this course will not reduce the efficiency of the employee's department.
4. Taking this course will cause no delays in completion of the employee's work assignments or position responsibilities.
5. The employee may be enrolled in only one Continuing Education course at any given time and the course will be taken during an agreed upon time period.
6. The employee has a regular, full-time position.
7. The employee has approval of his/her immediate supervisor.

**Budget to be charged:**

**Fund** \_\_\_\_\_ **Dept.** \_\_\_\_\_ **Program** \_\_\_\_\_ **Class** \_\_\_\_\_ **Project** \_\_\_\_\_ **Account** \_\_\_\_\_

**Immediate Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please forward to Continuing Education after the Supervisor has signed and approved the request.

**Attention: Vicki Foster**  
**vfoster@kennesaw.edu**  
**fax: 770-499-3283 phone: 770-499-3108**

**REVIEW/APPROVAL BY DIVISION OF CONTINUING EDUCATION REQUIRED:** This request must also be reviewed and approved by a representative of the Division of Continuing Education. Approval is granted on a space available basis.

**CE Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_