

Free Staff Seat Application Form

coast
mountain
college



Employee Name:

Job Title:

Department:

Requested Course Name:

Date and Time of Course:

Note: Complete an Application for Admission form and submit to registration

Supervisor Name:

Supervisor Signature:

Note: You are approving that the employee will be able to take time away from work to take the course requested should they meet the requirements determined by HR

HR Approver Name:

HR Approver Signature:

Sent to Employee Date:

Note: Staff are not able to use a free seat to displace a paying student