

WORK SCHOOL REGISTRATION FORM

Name: _____ Employee # _____ Date: _____
 PID# _____ (UTMB students only)

Semester: (Circle & Write in Year)
 FALL _____
 SPRING _____
 SUMMER _____
 Expected Graduation Date: _____

Program: (Circle)
 LVN
 Transitional ADN
 ADN
 Generic (BSN)
 RN-BSN
 MSN or MS
 Post-MSN
 PhD
 Other _____

College: (Circle)
 Alvin Community College
 College of the Mainland
 Galveston College
 Lamar (circle campus below)
 Orange, Beaumont, Port Arthur
 San Jacinto Junior College
 Texas Tech
 UTMB
 Other: _____

Date Semester Begins: _____
 Date Semester Ends: _____

I would like to register for the following course(s):

Course Abbreviation (Nurs, Bio, etc)	Course Number (4051, 1302, etc.)	Days (Circle)	Time	From	To
		M T W Th F S			
		M T W Th F S			
		M T W Th F S			
		M T W Th F S			

I have met with this Work School participant and we have agreed on a work schedule for the _____ Semester 20___. **This employee works: Circle one: Full time Part time PBL**

 Signature of Supervisor

 Date

In order to receive your Registration, Bookstore and Administrative Leave letters, you must fax, e-mail or mail this signed form to:
Ann Cochran
4218 Country Club Drive
Dickinson, TX 77539
 Or email to: acochran@utmb.edu or ann.cochran@comcast.net
PHONE/FAX 281-534-3668

If your address, home or work phone, or supervisor has changed note changes here:

Received _____ ALS _____ WKS _____
 Date

Approval for Letters _____
 Signature of Work School Counselor or Program Director