

LONGWOOD FACULTY/STAFF - APPLICATION FOR CLASS ATTENDANCE

INSTRUCTIONS: Approval of your supervisor, your vice president and human resources required. After the form has been completed and approved, it should be sent to the Registration Office at least seven days prior to class starting.

[To drop this class a written request must be submitted to the Registration Office prior to the published deadline.]

(Please do not detach any copies.)

Date _____

1. Name _____ Longwood ID# _____
Last First Middle

2. Home Address _____
Street City/Town State Zip Code County

3. Gender _____ 4. Date of Birth _____ 5. E-mail _____

6. Telephone: Home _____ Fax _____
 Office _____

7. Session you wish to take a class: **(circle one)** Year _____ Fall Spring Summer

8. Class you wish to take **(check one)** On-Campus _____ Off-Campus _____ Location _____

_____ CRN Discipline/Course #/Section No./Credit Hours _____ Course Title
Circle days of class: U M T W R F S Time: _____

9. Do you wish to take the class for: Credit _____ Audit _____ Pass/Fail _____ Non-Credit _____

10. Have you previously taken course(s) through Longwood? _____
 If yes, last date of attendance _____ Do you hold a college degree? _____
 If yes, please list all degrees and colleges or universities _____

11. I have read and understand the policy on Faculty/Staff class attendance.
 (Policy is available on the Human Resources' webpage) _____
 Signature _____

12. Immediate supervisor's approval

 Signature _____ Yes - No Yes - No _____
 Date _____ Job-Related Approved Department (please print)

13. Vice President's approval

 Signature _____ Yes - No Yes - No _____
 Date _____ Job-Related Approved Department (please print)

14. Human Resources approval

 Signature _____ Yes - No Yes - No _____
 Date _____ Job-Related Approved Funding Source E&G or AUX Student Level UG or Grad

HOW WILL THIS COURSE BE BENEFICIAL TO YOU IN YOUR POSITION AT LONGWOOD? _____

EXPLAIN HOW TIME MISSED FROM THE OFFICE WILL BE MADE UP. _____

Office Use Only		Class Full Y N		Override Y N	
Exemption Codes:		Date Registered: _____		Initials: _____	
1. Ed Benefit _____	2. Comp Fee Waiver _____	HOLD Y N		Cleared: _____	
Amount of Waiver _____					
White - R	Green - Student	Pink - Non-Credit	Yellow - HR	Blue - Cashiering	4.2010