

AMHERST COLLEGE EMPLOYEE REGISTRATION FORM

EMPLOYEE INFO	Last Name: _____ First Name: _____ M.I. _____ Employee I.D. No.: _____ Box No./Campus: _____ Or Off-Campus Address, Street: _____ City: _____ State: _____ Zip: _____ Telephone: _____ E-mail: _____ Birth Date: _____ Gender: M ___ F ___	
COURSE INFO	Course Title: _____ Instructor: _____ Credits: _____ Department: _____ Year: _____ Semester: Fall ___ Spring ___ Course No. _____ Section No. _____ Meeting time: _____	
SIGNATURES	IN REQUESTING PERMISSION TO TAKE THIS COURSE a) I am aware that I must make arrangements to complete work missed; b) I have consulted with the instructor to obtain permission to take this course; c) I have received approval from my supervisor.	_____ Approval: Signature of Supervisor Date _____ Instructor Signature Date _____ Signature of Human Resources Date
	_____ Employee Signature Date	

Note: Return completed form to Registrar's Office.