

**Barstow Community College District
Classified Employees**

Educational Development Enrollment / Pre-Approval Form

Employee Information

Name:

Program Number: Program 1 Program 2 Program 3 Program 4

Job Title:

Department:

Date of Employment:

Proposed Course / Program Information

Program Title:

Institution / Provider:

Location:

Start Date: End Date: End Date:

Course Title	Units

Employee Acknowledgment

Approval of enrollment does not guarantee payment. Payment requires successful completion and submission of the Declaration of Plan/Program Completion form with required documentation.

Employee Signature: _____

Date: _____

For Administrative Use Only

Human Resources Approval

Approved

Not Approved

HR Representative Signature: _____

Date: _____