



EMORY DEPARTMENTAL REGISTRATION FORM

Please print all information or fill out this form digitally.

Name: _____ Date: _____

Department: _____

Campus Address: _____

Work Phone: _____ Fax: _____ Email: _____

Please list the course(s) you would like to register for in the spaces below. If completed digitally, the 10% discount for Emory employees will be automatically calculated. If completing by hand, please leave the second tuition field blank.

Course Title: _____ Date: _____ Tuition: _____

Course Title: _____ Date: _____ Tuition: _____

Course Title: _____ Date: _____ Tuition: _____

Course Title: _____ Date: _____ Tuition: _____

Course Title: _____ Date: _____ Tuition: _____

Course Title: _____ Date: _____ Tuition: _____

Course Title: _____ Date: _____ Tuition: _____

Course Title: _____ Date: _____ Tuition: _____

Total: _____

Emory Discount Total: _____

Department SpeedType: _____ Business Unit (EUH, EMUNV, etc): _____

Authorizing Supervisor (Print): _____

Authorizing Signature: _____