

USF STAFF REGISTRATION FORM



Staff member to complete sections A and B.

A. PERSONAL INFORMATION

First Name: _____ Last Name: _____
Department: _____ Title: _____
Tampa Campus Mail Drop: _____
Mailing Address (if not on Tampa campus) : _____
Phone: _____ Fax: _____ Email: _____
Will you be requesting accommodations of a disability? Yes No

B. COURSE INFORMATION

Session: _____
Title: _____
Dates: _____ Times: _____ Fees: _____

C. PAYMENT INFORMATION

All payments must be authorized by accountable officer and enrollment approved by immediate supervisor.
Complete the interdepartmental transfer payment information.

Interdepartmental Transfer

Business Unit: _____
Budget Period: _____
Operating Unit: _____
Department: _____
Fund*: _____
Account: _____
Product: _____
Initiative: _____

Project Information (complete only if grant funded)

Project Code Bus.Unit: _____
Project: _____
Activity ID: _____
Resource Type: _____
Resource Category: _____
Resource Subcategory: _____

*If grant funded then project information must be completed.

D. AUTHORIZATION

Accountable Officer Authorization

Registration will not be processed if funds are not budgeted.

All funds must be available in budget category 88800 or corresponding grant category.

Date: _____ Signature: _____ Print Name: _____

Immediate Supervisor Approval

Date: _____ Signature: _____ Print Name: _____

If the registered employee is unable to attend a class, the employee's supervisor may request a withdrawal or substitution via an email request to InEd-Registration@usf.edu. Email completed form to: InEd-Registration@usf.edu or print and send to USF Registration Services, EDU105.