

# REGISTRATION FORM

## MANAGEMENT & STAFF DEVELOPMENT REGISTRATION FORM

Log on to our website at <http://training.jhu.edu> for more information. **FAX form to (443) 997-6867**

NAME \_\_\_\_\_ SAP PERSONNEL NUMBER \_\_\_\_\_

JHU DEPT \_\_\_\_\_ JHU PHONE \_\_\_\_\_ JHU FAX \_\_\_\_\_

JHU ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PLEASE PRINT LEGIBLY AS REGISTRATION WILL BE CONFIRMED BASED ON INFORMATION PROVIDED HERE.

TITLE	DATE/S*

### PHOTOCOPY THIS FORM IF MORE SPACE IS NEEDED

\*If the session is full when registration is received, you will be placed on the wait list and notified when another session is available.

**Budget Authorization** (Registration will not be processed without a valid cost center number, internal number, check, or money order.)

**Please check the box that applies to your employment status**

- I am a full- or part-time university employee. Charge this internal order or cost center number if I do not attend, (and fail to cancel with seven day's notice), arrive too late to join a class that is already in progress, or fail to complete the full session.
- I am a casual employee or post-doctoral fellow, but work in a department that has a university internal order or cost center number. Charge the cost of my training to this number.
- I am NOT a full- or part-time university employee but work in a department that has a university internal order or cost center number. Charge the cost of my training to this number.
- I am a non-university employee. I have attached a copy of my check requisition or personal check, made payable to **Johns Hopkins University**, and mailed it to: TMOD Project Management Office, 1101 E. 33rd Street, Suite C130 Baltimore MD 21218.

### PLEASE PROVIDE ONE OF THE REQUIRED FORMS OF BUDGET INFORMATION:

SAP Internal Order number \_\_\_\_\_ Signature \_\_\_\_\_

OR

SAP Cost Center number \_\_\_\_\_ Signature \_\_\_\_\_

Only internal order and cost center numbers of non-sponsored accounts will be accepted for registration.

### Supervisory Approval (Supervisory approval is required to release staff for time away from the office.)

Supervisor's Name \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_

By signing above, I accept and understand the Staff Development Remission Policy.

Please allow a 48-hour turnaround time for your confirmation notices. Confirmation notices will be sent via the information listed on this form. Courses for which staff register and attend are charged to staff development remission. The departmental cost center number authorized on this form will be charged if a staff member registers but does not attend and cancel without at least one week's notice or arrives after the start of the session.

**THIS FORM COMPLETES THE APPLICATION PROCESS. NO TUITION REMISSION FORMS ARE REQUIRED.**

Your registration will be confirmed via e-mail.

**Questions? Please Contact:** Learning and Development, 1101 E. 33rd Street, Suite C130 Baltimore, MD 21218  
MSDProgram@jhu.edu Phone: (443) 997-6800 Fax: (443) 997-6867