

CITY OF BRIDGEPORT REQUEST FOR COURSE ENROLLMENT

EMPLOYEE NAME: _____ UNION AFFILIATION: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

DEPARTMENT: _____ EMPLOYEE JOB TITLE: _____

I am enrolled in the (CIRCLE ONE – Associate, Bachelor, Masters, Doctorate) Degree Program, with a major of _____ and am requesting to take the following courses at _____ University or College.

EMPLOYEE SIGNATURE: _____

COURSE TITLE	NUMBER OF CREDITS	TUITION COST AND *BOOKS	APPROXIMATE TOTAL COST

The courses listed above are designed to increase my proficiency in my present work assignment by (please provide a narrative):

DEPARTMENT HEAD / IMMEDIATE SUPERVISOR _____ DATE _____

- APPROVED
- DENIED

DIRECTOR OF LABOR RELATIONS _____ DATE _____

- APPROVED
- DENIED

Once course(s) are completed, with the satisfactory grade (refer to your union contract). Submit all appropriate paperwork, along with TUITION REIMBURSEMENT FORM. Please be advised, that tuition is available on a first come, first serve basis. *Book/fees reimbursement per bargaining union contract. *form revised 1-25-2018