



## Connecticut State Employee In-Service Training Registration Form

Please download this form to complete it and return it to [OWLL@SouthernCT.edu](mailto:OWLL@SouthernCT.edu)

**Notes to Applicants:**

- OWLL In-Service Training registration ends one business day before each training start date.
- All State of CT employees are eligible to register for training.
- If minimum enrollment is not met, registrants will be informed of course cancellations by email no less than 24 hours before the training starts.
- Digital credentials are issued at the end of the training. Employees who leave before the instructor ends the class will not successfully complete the training and will not earn a credential.
- No cancellations, withdrawals, or refunds once seats are assigned. The agency may arrange for a replacement employee to use the purchased seat by first emailing [OWLL@SouthernCT.edu](mailto:OWLL@SouthernCT.edu) and including the following information: training course number, training title, start date, and the replacement employee's email address & telephone number.
- Please note that registration staff may contact you for more information if needed.
- Maps and directions to Southern CT State University are available at: [www.southernct.edu/campus-map](http://www.southernct.edu/campus-map)

\*\*All information is required unless otherwise noted\*\*

### Applicant Information

**First name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Agency/Dept:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_  
**Home address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**DOB (MM/DD):** \_\_\_\_\_ **Banner ID (if known):** \_\_\_\_\_  
**Student NetID (if known):** \_\_\_\_\_ **Dept. Index#/Org# (if known):** \_\_\_\_\_

### Training Registration Information

Course ID	Training Title	Date	Cost

### Supervisor/Manager's Approval

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Training Approval Officer (TAO)

**Name:** \_\_\_\_\_ **Dept:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_