



Office of Human Resources Management
Professional Development and
Learning Management
 555 West 57th Street, 11th Floor
 New York, New York 10019

IMPORTANT: DO NOT USE THIS FORM TO REGISTER FOR COURSES AT THE CITYWIDE TRAINING CENTER.
 TO REGISTER FOR CTC COURSES, SECURE A CTC APPLICATION FROM YOUR COLLEGE HUMAN RESOURCE/PERSONNEL OFFICE OR DOWNLOAD ONE FROM THE CTC WEB SITE AT WWW.NYC.GOV/CTC.

Date: _____

OHRM Professional Development & Learning Management Office
PROGRAM/COURSE APPLICATION
2009-10

Last Name (Please Print)		First Name (Please Print)		MI
Payroll Title		Office/Functional Title		
College/CUNY Location				
Department/Work Unit				
Work Address (Street, Floor, Room #)				Zip Code
Work Phone		Work Fax		Work E-Mail Address

SELECTED COURSES

Course Code	Course Title	Level	Course Date(s)	# Days	Cost
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

(OVER)

SUPERVISOR AUTHORIZATION

Supervisor's Name (Print Clearly)		Title	
Work Phone	Work Fax	Work E-Mail Address	
<p>By my signature, I certify that this employee is authorized for training in the course(s) requested and confirm that this employee has taken, where applicable, the prerequisite basic courses and/or has demonstrated the skill necessary to participate successfully in advanced-level coursework. Additionally, I understand that this employee is excused from normal work assignments during the hours of training and is required to attend the training course(s), as scheduled, once registration confirmation is received.</p>			
Supervisor Signature		Date	

Please note that written authorization from the college Human Resource/Personnel Office is required for registration for all courses except those designed for members of campus Sexual Harassment Awareness and Intake Committees.

HUMAN RESOURCE/PERSONNEL OFFICE AUTHORIZATION	
HR/Personnel Officer (Print Clearly)	Work Phone
Human Resource/Personnel Office Signature	
Date	

Send completed form to the address or fax number below.

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