

USF Staff Registration Form

Staff member to complete sections A and B.

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Date of Birth: _____
 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

COURSE INFORMATION

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

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: _____

*If grant funded then project information must be completed.

Project Information (complete only if grant funded)

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

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 ce-inquiries@usf.edu. Email completed form to: ce-inquiries@usf.edu or print and send to USF Corporate Training and Professional Education, LIB608.



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