

Professional Skills Training Registration

All fields must be completed for Professional Development to process this form. This form must be signed by your supervisor or it will not be processed. Employees may only sign up for three classes using this form. All other classes will be based on merit. Please return to Bolton 229F or in the Shortcourse registration tray by the employee mailboxes. All cancellations must be sent to Professional Development Registration: sc@uwm.edu.

Date: _____

Employee Name: _____

Employee Login: _____

Department Name: _____

STS Supervisor Signature: _____

Classes:

Class Name

Date

Time

Class 1: _____

Class 2: _____

Class 3: _____

For Training Use Only

Date Received:

Date Registered:

Registration Done By: