

Connecticut State Employee Registration Form

Please return this form to: ctstate-employeetraining@ctstate.edu

Notes to Applicants:

- 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.
- 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: and including the following information: training course number, training title, start date, and the replacement employee's email address & telephone number.
- Please note, registration staff may contact you for more information if other students have the same name.
- Contact information for each campus coordinator is located <https://ctstate.edu/connecticut-state-employee-training-program#>

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

Applicant Information

First name: _____ **Last name:** _____

Title: _____ **Agency/Dept:** _____

Email: _____ **Phone:** _____

Home address: _____

Town: _____ **State:** _____ **Zip:** _____

DOB (MM/DD): _____ **Banner ID (if known):** _____

Student NetID (if known): _____ **Dept. Org # (if known):** _____

Training Registration Information

Course ID	Training Title	Date	Cost

Supervisor's Approval

Name: _____ **Title:** _____

Signature: _____