

THE COMPREHENSIVE PUBLIC TRAINING PROGRAM

CLASS REGISTRATION FORM

AGENCY CODE
LSU Ag Center
ORGANIZATION I.D.
190060109

Course Title			
Location (City)	DATE	1st Choice	2nd Choice

NOTE: We will attempt to comply with your first choice in scheduling this class; however, since the classes are filled on a first come, first served basis, you may be scheduled for either date requested. You will receive confirmation approximately three weeks prior to your scheduled date. To check the status of your application, call your agency coordinator or the CPTP office, Division of Administration, at 504-342-4739.

PARTICIPANT INFORMATION

Name		Social Security No.	
Department/Agency/Office			
Work Address, City, State		Job Title	
Home Address, City, State, Zip Code			
Work Phone	Parish of Residence	Birthdate	Are you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Accommodation Needed	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please indicate what is needed:
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The following information is used to compile equal opportunity reports. You ARE NOT legally obligated to provide this information.

Racial/ Ethnic Group	<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Highest Level of Education Completed	<input type="checkbox"/> Diploma/Vo-tech school/Some college <input type="checkbox"/> College degree <input type="checkbox"/> Graduate courses/graduate degree	Highest CPTP Management Level Completed	<input type="checkbox"/> None <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI

APPROVAL SIGNATURES

NOTICE TO AGENCIES:

The Management Development Levels are designed for supervisory personnel. Approval for an employee to attend Level I of the Management Development Program indicates the agency's willingness to allow the employee to continue through Level III and to pursue the Certificate in Supervisory Techniques. CPTP considers agency approval to be authorization for the participant to travel to the city where the requested class will be held.

Applicant	Date
Supervisor	Date
Agency Approval	Date
Agency CPTP Coordinator	Date

Return the completed form to your Agency CPTP Coordinator: _____
Address and City: _____
Phone & Fax Numbers: _____