COLLEGE EMPLOYEE REGISTRATION FORM
FOR CORPORATE TRAINING OPEN ENROLMENT COURSES

Date of Application:

Name:

Employee Number:

Department/School:

Course Name:

Course Start Date:

Course Duration:

Supervisor's Approval: (Signature)

Name:

Title:

Date of Approval:

Any third party costs associated with the course will be charged to the employee. Please contact a Learning Consultant at training@algonquincollege.com or (613) 727-7729 to confirm the amount.

Return completed form to training@algonquincollege.com