

# CONTINUING EDUCATION COURSE APPLICATION

SPECIALIZED TRAINING

TELENET TRAINING

APPLICANT INFORMATION			BOX 1		
Applicant Name: (Last)		(First)	(Middle)		
Title/Rank:	Applicant's Social Security #:		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Agency:		Agency E-Mail Address:			
Agency Phone:		Applicant E-Mail Address: <input type="checkbox"/> Please add this address to the KLETC Continuing Education E-mail listserv for notification of upcoming classes and events			
Agency Fax:					
Agency Mailing Address: (Street or PO Box)		(City)	(County)	(State)	(Zip)

COURSE INFORMATION		BOX 2	
Course Title:	Project Number:	Course Dates:	
Location of Course:		Course Times:	

MEALS AND LODGING		BOX 3	
Meals and lodging and any costs incurred during this course will be the sole responsibility of the applicant and/or their agency, unless otherwise noted in the course description. Meals and lodging at KLETC are subject to limited availability, and are not guaranteed until confirmed. Lodging rates at KLETC are based upon double occupancy. Requests for single occupancy will be considered on a space available basis, at an additional cost.			
<input type="checkbox"/> I request meals and lodging			

REASONABLE ACCOMODATION		BOX 4	
Pursuant to the Americans with Disabilities Act, KLETC will consider any reasonable need or purpose which the applicant or his/her agency may have regarding the requested course or training. Do You Request a Reasonable Accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Comments: _____			

FEES		BOX 5	
Commuter: \$	Payment Method: (PLEASE ENCLOSE):		**NO FEE CLASSES ONLY** I plan on purchasing meals for cash at the KLETC Cafeteria: <input type="checkbox"/> YES <input type="checkbox"/> NO
Meals & Lodging: \$	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Bill My Agency <input type="checkbox"/> Government Purchase Order <input type="checkbox"/> Government Purchasing Card		
Course fees vary. Please consult the course announcement.			
Make checks or Purchase Orders payable to The University of Kansas at the address below.			

APPLICANT PRIORITY		BOX 6	
If your agency is submitting more than one application for this course, circle the priority of <b>THIS</b> applicant: (highest) <b>1 2 3 4 5</b> (lowest)			

AGENCY EXECUTIVE AUTHORIZATION			BOX 7
(Name)	(Title)	(Signature)	(Date)
Send completed application form to: KLETC Registrar PO Box 647 Hutchinson, KS 67504-0647 Fax: (620) 694-1420 E-mail: coned@kletc.org  Questions regarding the application process should be directed to (620) 694-1410.	<i>The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ku.edu, 1246 W. Campus Road, Room 153A, Lawrence, KS, 66045, (785) 864-6414, 711 TTY.</i>	<b>For KLETC Use Only</b> Project # _____ Date: _____ By: _____	

**"Integrity is the Basis for Community Trust"**