

FORT VALLEY STATE UNIVERSITY

RECORD OF MATRICULATION/CLASSIFIED PERSONNEL

This Form must be completed and approved prior to registration. Submit this form at least five (5) days prior to the beginning of the semester.

Fill in the appropriate semester

Semester: _____

Name of Employee: _____ Employee's SSN (Last Four Digits Only): _____

School/Department: _____

Course Number	Course Name	Instructor Name	Credit Hours	Class Meeting Time

Signature

Approval of Immediate Supervisor

Approval of Chief Human Resources Officer

Approval of VP/Provost for Academic Affairs

Upon receipt of prior approval, present during registration and return to Office of Human Resources.