



## Course Enrollment Form

### Learner Details

Name: \_\_\_\_\_  
*Last* *First* *MI*

Department: \_\_\_\_\_ Work Location: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Billing Information

Non-State Agency/Organization: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Course Information

Course Number	Course Title	Date Preference	Alternative Date

Refer to the [PDS website](#) to view the catalog with course numbers, titles, and descriptions. You can also access course policies and other important information. <https://das.iowa.gov/state-employees/training-and-development>

The following signatures indicate approval of the course(s) requested above and an understanding of the cancellation policy.

\_\_\_\_\_  
*Employee Signature* *Employee Name* *Date*

\_\_\_\_\_  
*Supervisor Signature* *Supervisor Name* *Date*

Please return the completed form to PDS Training, DAS-HRE

Email: [pds@iowa.gov](mailto:pds@iowa.gov) | Fax: 515-242-6450 | Phone: 515-281-5456

Please contact [pds@iowa.gov](mailto:pds@iowa.gov) to indicate any special accommodations that we may be able to provide to make your participation more enjoyable.