



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](https://das.iowa.gov/state-employees/training-and-development) 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 | Fax: 515-242-6450 | Phone: 515-281-5456

Please contact pds@iowa.gov to indicate any special accommodations that we may be able to provide to make your participation more enjoyable.