

New Horizons Enrollment Form

Completed by Employee:

Name _____
Agency _____
Email _____

Employee ID _____
Phone _____

Course Information

		Date	Date 2	Time
Name				
Link		Price	\$	

Select your top two dates for course enrollment.

Completed by Supervisor:

eDAS or I3/String:

Supervisor Signature:

Completed by PDS:

NH enrollment confirmed

Enrolled in WD

