New Horizons Enrollment Form

Completed by Employee:

Name _____ **Employee ID** _____

Agency _____ **Phone** _____

Email _____

Course Information

		Date	Date 2	Time
Name				
Link		**Price**	$	

*Select your top two dates for course enrollment. Please note, forms must be submitted to PDS **14 days prior** to the class date.*

Completed by Supervisor:

eDAS or I3/String:

Supervisor Signature:

Completed by PDS:

NH enrollment confirmed ☐

Enrolled in WD ☐

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