

# 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: \_\_\_\_\_

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.***