



**CSET Preparatory Session and/or Test Registration  
for Human Resource Services Approval**

Please fill out the information listed below and return to the attention of:  
Cancy McArn, Director, Human Resource Services, Box 770.

Name:	
Street Address:	
City/State/Zip Code:	
Position Title:	
School/Department:	
Work Phone:	Last Four Digits of Social Security Number:
I would like to register for:	<input type="checkbox"/> CSET Preparatory Session and Test <input type="checkbox"/> CSET Test Only
Signature:	Date:

**For Human Resource Services Use Only**

- |   |  |
|---|--|
| <input type="checkbox"/> Approval of CSET Preparatory Session and Test        | <input type="checkbox"/> Approval of CSET Test |
| <input type="checkbox"/> Denied CSET Preparatory Session and Test             | <input type="checkbox"/> Denied CSET Test      |
| <input type="checkbox"/> Notification Letter Sent to Employee                 |  |
| <input type="checkbox"/> Receipt Received _____ (date)                        |  |
| <input type="checkbox"/> Copy of Evidence of CSET Completion _____ (date)     |  |
| <input type="checkbox"/> District to Reimburse Employee; Receipt Number _____ |  |
| <input type="checkbox"/> Sent to Accounts Payable _____ (date)                |  |