



Great College 2025 Application/Registration Form

Great College encourages representatives from all Delta College employee groups to learn from one another. Great College begins at **3:00pm** on **Wednesday, April 30, 2025** and ends at **Noon** on **Friday, May 2, 2025**. Additional expenses are the sole responsibility of the participant.

Contact Information

Name:		Employee ID#:
E-Mail:	Phone #:	Office #:
Emergency contact while at Great College	Name:	Phone #:
I am: <input type="checkbox"/> AP <input type="checkbox"/> Facilities <input type="checkbox"/> Faculty <input type="checkbox"/> Support Staff		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Please Respond to these Questions

Have you attended a previous Great College or Great Teacher event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?
Why would you like to participate in Great College?			
(for additional space, use back of form)			

Cost Per Person: costs include all meals, lodging and materials (please select one option)

Single occupancy = **\$400** (availability limited; first-come, first-served; based on receipt of completed Application Form)

Double occupancy = **\$245**
Name of Roommate (if mutually arranged): _____

Triple occupancy = **\$190**
Name of Roommates (if mutually arranged): _____

Please select your method of payment (one or more of the following boxes must be checked)

PDA Account **Attach completed requisition** write "4457 Debit to PDA for Great College"

Department/Division Cost Center#: _____ Supervisor Signature: _____

Personal Check Make payable to Delta College, write "CR Code 4457" on the memo line

Adjunct Faculty Grant Attach completed grant application; grant program may cover a portion of total expense

Other: _____

Applicant's Signature

I understand that participating in Great College requires a substantial time commitment. If selected, I will attend the entire seminar, lodge at the Butzel Conference Center and participate in all scheduled Great College activities*.

Signature:	Date:
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Supervisor's Signature

I support this employee's application to Great College and will make the necessary scheduling accommodations to allow participation*.

Signature:	Date:
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**Enrollment is limited to 35 participants. First consideration will be given to applications received by February 28.*

Return this application to Tonya Hafoka in J101 by March 14.

If you have any questions or concerns, please contact the COS at cos@delta.edu.

Office Use Only	
Received by: _____	Date: _____