



CONTRACT OF ENROLLMENT

**For employee participation in the
Duke University
Financial Certification Program administered
by Financial Services**

I have read and fully understand the [Supervisor Expectations](#) for participation in the Financial Systems Specialist curriculum of the Financial Certification Program as detailed in the Policy document. As a supervisor, I resolve to support my employee's dedication to the successful and timely completion of this certification. I attest to the fact that my employee meets the eligibility requirements of the FCP:

- ☐ Is a full time employee
- ☐ Employed by Duke University for a minimum of six (6) months
- ☐ Has relevant professional responsibility at Duke, i.e. technical component of job and access to SAP

In addition, I fully understand the implications of and accept the \$100.00 per class Failure to Attend Charge.

Supervisor _____ Date _____

I have read and fully understand the [Participant Expectations](#) for acceptance and participation in the Financial Systems Specialist Curriculum of the Financial Certification Program as detailed in the [Policy document](#). As a participant, I accept the rigors of the program and resolve to successfully complete the coursework and testing included in this curriculum in the allotted timeframe. I also fully understand and accept the implications of the \$100.00 per class Failure to Attend Charge.

Employee _____ Date _____

Please sign and return via scan to email to:

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