

COURSE APPLICATION

Name of Provider: _____

Street Address: _____

Mailing Address: _____

Location of Course Offering, if different from above:

FEES: As of August 1, 2009 **Course Application** **\$25.00**

Course Title: _____
(Attach Syllabus)

Course Length in Contact Hours: _____ Instructor: _____
(Attach Resume)

Course Description (Use Attachments if Necessary): _____

Anticipated Outcome: _____

Resource Material (Include multi-media equipment or other instructional aids):

This course is related to (check all that apply):

_____ HVAC Theory or Lab

_____ Business

_____ Engineering

_____ Computer Operations

_____ Other (Describe): _____
