



Class/Course Scheduling Information
Continuing Education

Please return this completed form
ten work days before the class is
scheduled to begin to allow time for
books to be sent.

Date completed _____

Return to:

Josey Heller, Outreach Education
NCKTC - PO Box 507
Beloit, KS 67420
fax: 785.738.2903

Class Information

Class/Course Name _____

Start Date _____ End Date _____

Class Sessions to be Held _____ Time _____
(Day(s) of the Week)

Number of Hours (Clock) _____ Number of Students _____

Facility Information

Facility Name _____

Facility Coordinator Name _____

Facility Phone Number _____

Instructor Information

Instructor Name _____

Instructor Phone Number _____

PLEASE PROVIDE A LIST OF ALL STUDENTS TO CORRESPOND WITH NCKTC APPLICATIONS,
WHO WILL ATTEND THIS CLASS ON THE BACK OF THIS FORM.

