



Class/Course Scheduling Information  
BRB Registered Apprenticeship

Please return this completed form  
**ten work days** before the class is  
scheduled to begin.  
Return to:

Date completed \_\_\_\_\_

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) \_\_\_\_\_ (Credit) \_\_\_\_\_

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 WHO WILL ATTEND THIS CLASS ON THE BACK OF THIS FORM.

