## MILWAUKEE AREA TECHNICAL COLLEGE

				STUDEN	EE AREA TECHNICA T CLASS RESERVATI will formally register on the firs	ON FORM	Ξ.				
				SPONSOR	ED DEPARTMENT INF	ORMATION					
DEPARTM	ENT NAME										
STREET ADDRESS				CITY, STATE, ZIP							
CHIEF OR TRAINING OFFICER NAME			TELEPHONE #			EMAIL ADDRESS					
					COURSE INFORMATIO	N					
Term	Syn.#	Subject ID	Course No.	Section No.	Course Title		Location	Day(s)	Time	Fee	
SP2014	99254	Police	417	200	Sniper Training			M,T,W,TH,F	8:00-4:25	\$171.78	
				ST	UDENT INFORMATIO	N #1					
LAST NAME				FIRST NAME			M.I.	STUDENT ID (If known) or DOB			
				ST	UDENT INFORMATIO	N #2		T			
LAST NAME				FIRST NAME			M.I.	STUDENT ID (If known) or DOB			
				0.7		AL #0					
	1.40	T NIA 14E		STUDENT INFORMATION #3				CTUDENT ID (If Income) on DOD			
LAST NAME				FIRST NAME			M.I.	STUDENT ID (If known) or DOB			
				ST	UDENT INFORMATION	N #4					
LAST NAME				FIRST NAME			M.I. STUDENT ID (If known) or DOB				
									,	, -	
				ST	UDENT INFORMATION	N #5					
LAST NAME				FIRST NAME			M.I.	STUDENT ID (If known) or DOB			