

MILWAUKEE AREA TECHNICAL COLLEGE
STUDENT CLASS RESERVATION FORM
 (Student(s) will formally register on the first day of class)

SPONSORED DEPARTMENT INFORMATION

DEPARTMENT NAME									
STREET ADDRESS				CITY, STATE, ZIP					
CHIEF OR TRAINING OFFICER NAME			TELEPHONE #			EMAIL ADDRESS			

COURSE INFORMATION

Term	Syn.#	Subject ID	Course No.	Section No.	Course Title	Location	Day(s)	Time	Fee
SP2014	98632	EMS	410	200	EMT Basic Transitional Refresher	128th	Monday	8:00AM	\$101.40

STUDENT INFORMATION #1

LAST NAME	FIRST NAME	M.I.	STUDENT ID (If known) or DOB

STUDENT INFORMATION #2

LAST NAME	FIRST NAME	M.I.	STUDENT ID (If known) or DOB

STUDENT INFORMATION #3

LAST NAME	FIRST NAME	M.I.	STUDENT ID (If known) or DOB

STUDENT INFORMATION #4

LAST NAME	FIRST NAME	M.I.	STUDENT ID (If known) or DOB

STUDENT INFORMATION #5

LAST NAME	FIRST NAME	M.I.	STUDENT ID (If known) or DOB