



Fire Class Request

Name of Class: _____

Meeting Dates & Days: _____

Times: _____

Total No. of Hours: _____ Projected Number of Students: _____

Class Location: _____

Instructor's Name: _____

Name (s) of secondary instructor (s) if applicable: _____

Travel (number of miles): _____

(In order to claim travel, the trip must be 15 or more miles one way.)

Please use reverse side for special requests or additional information.

Send to:	College of The Albemarle	Phone: 252-335-0821, ext. 2518
	WD&CR	Fax: 252-337-6710
	P.O. Box 2327	Email: caitlin_wilson23@albemarle.edu
	Elizabeth City, NC 27906	www.albemarle.edu

Note: One copy is needed for each class. Make copies as needed.