

<div>MILWAUKEE AREA TECHNICAL COLLEGE</div> <div>STUDENT CLASS RESERVATION FORM</div> <div>(Student(s) will formally register on the first day of class)</div>									
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	98637	EMS	410	351	EMT Basic Transitional Refresher	Mequon	Saturday	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		