## Johnson County Community College Continuing Education Training Outline

Certifica	te name:					Student Name:			
Start Dat	te:					Student ID# (if known):			
Complet	ion Date:					Student Date of Birth:			
Funding	Source:					Student Phone:			
Career A	dvisor Na	me:				Student Email:			
Career A	dvisor Pho	one:				Student Address:			
Career Advisor Email:						City, State, Zip Code:			
Course Code	Days of Week	Start Date	End Date	Start Time	End Time	e Class Name		Contact Hours	Fee
					<u> </u>				
							Subtotal		
						Take 3 - 15% Discount			
							Total		
	<u>l</u>	1	<u>l</u>		<u>.</u>			1113	
The collector Take 3 D  When you student	ege cannot Discount or Our course account.	t guarantee nly applies w	the complet then student been appro ent is for pla	ion date o is taking . oved, plea	f any progro 3 or more co	urse availability.  am due to variance in co  purses.  inuing Ed Registration a  Enrollment will not be	t 913.469.2323	to create y	
JCCC Program Coordinator Signature: Printed Name:									
					Phone:				
					E-mail:				