

Christian Life Educators Network

6171 Gateway Dr. • Columbus, GA 31909 • (706) 323-0847

Course Schedule Request



_____/_____/_____
 Date: Month Day Year

 Authorized Signature Email Address Cell Phone School ID

I will pre-pay with a check no less than four weeks prior to the start of each class.

Courses Requested

Dates Requested Month/Day/Year		Course No.	Course Name	Instructor	V i d e o	L i v e	H y b r i d	# S t u d e n t s
Start	End							

Authorized Signature _____

Date _____