Client's Name: [Client's Name]

Information Required for Classroom Training Contract

Name of training education faculty: Grand Valley State University
Complete Address: 
Telephone Number: 

Name of training program: 

Exact start and end dates: 

Number of weeks to complete the training: 

Number of credits to complete the training: 

Name and number of the training supervisor/advisor: 

Estimated costs of the complete training:

Tuition: 
Registration Fee: 
Application Fee: 
Laboratory Fee: 
Equipment/Tools: 
Books: 
Other: Please describe: 

Attach the following:

Copy of the curriculum.
Copy of the refund policy.

Please return to: Julie Hoffman, Employment Specialist
Alma Michigan Works! Service Center
Phone: 888-811-4832 Fax: 989-466-9734

Central Area Michigan Works! Consortium

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