



SECTION No.	CESP No.	COURSE TITLE	
<div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div>	<div style="border-bottom: 1px solid black; width: 400px; height: 25px; margin-bottom: 5px;"></div>	AMT: \$ <div style="border: 1px solid black; width: 80px; height: 25px; float: right;"></div>
			TOTAL \$ <div style="border: 1px solid black; width: 80px; height: 25px; float: right;"></div>

Department Contact info :

Name _____

Phone Number _____

Email _____

Schoolcraft College
Public Safety Training Complex
31777 Industrial Rd., Livonia, MI 48150
Ph. 734.462.4307 | Fax. 734.462.4304
Email: leis@schoolcraft.edu

