SOCCOAST Afloat ESO Cover Sheet

Coastline College

Cutter:_____

ESO Name:_____

Address (preferably street address, not FPO)

_____

_____

_____

_____

Phone Number: _____

e-mail Address:_____

Courses Start Date:_____**(Course length for all courses – 12 weeks)**
(Each student must have a course start date. They can be different, but each class has a start date.)

☐ **All students have ordered all required course materials.**

☐ **Attached are Registration packages for the below listed students/courses. Registration package should contain Registration Form, TA Authorization Form (100% of tuition).**

Student's Name	Course

I agree to proctor all the above students for all the course exams.

_____ _____ _____

Signature **Print Name** **Date**

THIS FORM AND ALL REGISTERATIONS, TA AUTHORIZATIONS, AND PERSONAL PAYMENT SHOULD BE RECEIVED THREE WEEKS PRIOR TO REQUESTED START DATE.