

PSTI Proposed Seminar Form

Course Title:

Subject:

Course Number:

Start Date:

On-Line :

Section:

Term:

End Date:

Company Name:

County:

Topic Code:

CEU's:

Location:

Tuition:

Min:

Max:

Total Hours:

Contract Price:

Lecture Hours:

Lab Hours:

Sessions:

Registration Deadline if applicable:

Class Times:

Days of the Week:

Material/Book Fee:

Date Conference Center Form turned in:

Notes:

Materials Needed:

Requisition #:

Billing Information:

Invoice #

Receipt #

Invoice Mailed:

AR Codes: PSTU, PSOF, PSEXT, PSCTR, (circle)

Payment Received:

Check #:

Lead Instructor:

Address:

Secondary Instructor:

Address:

Instructors Approved :

Salary:

Phone:

Salary:

Phone:

LOA's Sent: Date:

Approval:

Date Entered Datatel:

Date Students Entered:

Date Grades Entered:

Certificates:

Sent to:

By:

By:

By:

SFA

Date:

PSTI

Date:

By:

Date:

Date:

Mailed Date:

Picked up Date:

CTRT, INDT, DRIV, EMSR, FIRE, LAWE,SAFE, SECR, TEST

FTEE, FTEN, FTES (circle)

Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday