

DISTANCE LEARNING COURSE DESCRIPTION

Please email this completed form to: msylofsk@mum.neric.org

COURSE NAME: _____

SCHOOL DISTRICT: _____

INSTRUCTOR: _____

FULL YEAR: _____ HALF YEAR: _____ OTHER: _____

COURSE PREREQUISITES: _____

BRIEF COURSE DESCRIPTION / OUTLINE: _____

OTHER NOTES / MISCELLANEOUS: _____
