SOUTH CAROLINA
STATE FIRE

COURSE REQUEST FORM

Date of Request:	_____ **Must be 45 days before start date**
	For courses requiring mailed materials, 60-days is required.

Name of Course:

Course Code Number:

Course Type:	_____	**In-House Training** <u>SCFA only provides evaluators</u>
		<u>Instructor Name and SCFID:</u> _____
	_____	**Request** <u>Min Student Requirement, SCFA provides all instr/evaluators</u>
		<u>Course MUST be available on the protal open to all</u>
	_____	**Catalog** <u>Min Student Requirement, SCFA provides all instr/evaluators</u>

Host Department Name:

FDID:	**County:**

Physical Address of the Course: _____

Days and times Requested: _____

Can your agency provide skills evaluators? _____ <u>Region will provide Lead Evaluator</u>

How many students do you have who will attend this class

Resources Need: i.e. Trailer

Special Instructions: i.e. Park at the back of building

Contact Information

Department Name:	_____
Requestor:	_____
Phone Number:	_____
E-Mail:	_____