

SPONSORSHIP PROPOSAL

Phone Number Email # of CE Students Participating		High School Concurrent Enrollment Course		
				Date of Activity or Purchase* *This proposal must be submitted to the Concurrent Enrollme. Office FOUR WEEKS prior to the date of purchase or activity
		(i.o., doconpact, app	NON: Hambor of Free Stadelile inverse	, 5.0).
Learning Objective:				
Cost Breakdown:		Additional Information		
	\$			
•	\$			
	\$ \$			
	<u>\$</u> 			
•	\$			
Total	\$			
Instructor Signature	Date	Administrator Signature Date		