

Training Course Request Form

Department/Sponsoring Agency

Address

Fire Chief

Phone

Email

Contact Name:

Email Address

Day Phone

Cell Phone

Alt. Contact Name:

Email Address

Day Phone

Cell Phone

Course Requested

Click [HERE](#) to see the list of available courses

Number of Students Attending (if known)

Location of Classes/Training (if known)

Proposed Start and End Dates for the Course

Alternative Schedule 1

Alternative Schedule 2

Email completed form to kufire@ku.edu
