

D A C H E C

detroit area catholic higher education consortium

CONSORTIUM AUTHORIZATION FORM

Name (Last, First, M): _____

Address: _____ Home School ID#: _____ 235.157 152.0t.519 0 T

BOE a (Br Tn)82.2 /no-11.3 ()] a f15.5 (ca)3.

		CODE NO.	COURSE TITLE	TIME, DAY, ROOM	CREDIT HOURS