E-Learning Interest Form

Fill out this form, **save** the document as *E-Learning Interest Form, Last Name* and **return it via email** to *info@projectlearnsummit.org.* An e-learning instructor will respond to your request within 48 hours.

	College Readin	ess 📄 GED Prep
Name		
Address	Apt/Suite	
City State	Zip Code	
Email	Home Phone	
Birthdate (MM/DD/YYYY)	Cell Phone	
Do you have your H.S. Diploma or GED? O Yes O No		
What postsecondary institutions are you considering attending?		
What program or major are you interested in?		
Do you have computer access at home? O Yes O No		
If not, where do you plan on taking the online classes?		
Is your Internet connected using <i>dial-up</i> , <i>high-speed Internet</i> or a <i>neighborhood</i> <i>wireless connection</i> ?		