

VOS SUPPORTS ONLINE EDUCATION

PO Box 2053 Nome, AK 99762

(907)443-4985 ph

(907)443-5189 fax

Name: \_\_\_\_\_ Tribal Enrollment #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Higher Education Entity: \_\_\_\_\_

Online Class: \_\_\_\_\_

Length of Class: \_\_\_\_\_ Cost

of class: \_\_\_\_\_

Briefly Explain what you plan to achieve with this class?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**TO BE FILLED OUT BY OFFICE AND VOS TRADITIONAL COUNCIL**

APPROVED BY: \_\_\_\_\_  
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

