

**The Apprentice School
4101 Washington Avenue, Bldg. 1919
Newport News, VA 23607**

**Military/ Athletic fulfillment in lieu of
Instructor-Led course HLT 210**

Deliver completed form to:

Sonya Davidson
Apprentice School Registrar
4th floor, Room 416

Name: _____

Date: _____

NNS PERN: _____

Apprentice Trade: _____

Sport(s) Played: _____

How long? _____

SIGNATURE(REQUIRED): _____

Provide contact phone number (_____)_____ - _____

***all above fields are required**

**** (For athletic department's use only below this line ****

Athletic Director's Signature: _____

Signature indicates approval

Private/Sensitive Information Provided
NNS Private/Proprietary Level 1