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DEALER APPROVAL FORM

APPLICANT NAME S O H D V H S U L Q W

I am applying for admission to the $ 6 (3 partnership program at Southeast Community College. I understand I must successfully complete coursework through Southeast Community College in order to maintain my eligibility for the co-operative requirements at my partnering dealership. I also understand the College must communicate relevant in 5Si96 Tw -121.2V c