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| ADULT EDUCATION AND LITERACY SCHEDULE OF CLASSES | |
| **FISCAL YEAR** | **PROGRAM DIRECTOR** |
| **NAME OF ADULT LEARNING CENTER** | |

**NOTE**: *Submit the following schedule to your AEFL Program Specialist no later than September 30th.*

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| **Class Site Include: Physical Address, Town, and Building & Room Number if applicable** | **Type of Class and Teacher’s Name** | **What days does the class meet?** | **When does the class meet?** | **Other pertinent information** |
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