

## ESM Form 8-1 – New Apprenticeship Program Approvals

### 1. CONTACTS SECTION

#### College Contacts

College Name \_\_\_\_\_

College Program Administrator

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

College Apprenticeship Manager

Name \_\_\_\_\_

Email \_\_\_\_\_

#### WTCS Contacts

WTCS Director \_\_\_\_\_

Date of Director Consultation \_\_\_\_\_

#### BAS Contacts

BAS Director

Name \_\_\_\_\_

Email \_\_\_\_\_

BAS RA Section Chief

Name \_\_\_\_\_

Email \_\_\_\_\_

BAS Apprenticeship Training Representative(s)

Name(s) \_\_\_\_\_

\_\_\_\_\_

Email(s) \_\_\_\_\_

\_\_\_\_\_

### 2. PROGRAM IDENTIFICATION

WTCS Program Number 50 - \_\_\_\_\_ - \_\_\_\_\_

WTCS Program Title

CIP Code

Degree-aligned apprenticeship: \_\_\_\_ Yes \_\_\_\_ No

WTCS approved Degree Program Number and Title

\_\_\_\_\_

DWD-BAS Program Number

\_\_\_\_\_

DWD-BAS Occupational Title

\_\_\_\_\_

DWD-BAS Assigned O-Net/SOC Code & Title

\_\_\_\_\_

### 3. NEW PROGRAM APPROVAL TYPE

Approval Type	Description
<b>New to System</b>	Proposed apprenticeship program requires initial WTCS Board approval. Apprenticeship program does not yet exist within WTCS (new, never approved, never offered).
<b>Replication of Existing</b>	WTCS Board-approved apprenticeship program will be established and offered at a new, additional WTCS college.

Cite college(s) already approved for same 50-xxx-x program (if applicable):

<input type="checkbox"/> Blackhawk	<input type="checkbox"/> Lakeshore	<input type="checkbox"/> Moraine Park	<input type="checkbox"/> Northwood
<input type="checkbox"/> Chippewa Valley	<input type="checkbox"/> Madison	<input type="checkbox"/> Nicolet	<input type="checkbox"/> Southwest Wisconsin
<input type="checkbox"/> Fox Valley	<input type="checkbox"/> Mid State	<input type="checkbox"/> Northcentral	<input type="checkbox"/> Waukesha County
<input type="checkbox"/> Gateway	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Northeast Wisconsin	<input type="checkbox"/> Western

---

### 4. DISTRICT AND WTCS BOARD APPROVAL DATES

District Board Approval Date \_\_\_\_\_

New to System only: Expected WTCSB Program Approval Date \_\_\_\_\_

---

- Section 5 continues on following page -

College-administered Advisory Committee(s) for this program, if applicable, or as outlined in Attachment B.

Description of College Plan for Industry Advisory Committee Engagement or as indicated in Attachment C.

---

## 7. CURRICULUM DOCUMENTATION SECTION

**For Aid Code 50 Curriculum**, mark all that apply:

Curriculum aligns with approved WTCS 50-xxx-x curriculum standard posted on the WIDS State Repository.

Curriculum differs from approved WTCS 50-xxx-x curriculum standard in the WIDS State Repository.

Curriculum replicates WTCS approved 50-xxx-x curriculum at another WTCS college. Cite college(s):

Curriculum (50-xxx-x) is new to the System.

### **Aid Code 50 Curriculum Documentation**

Curriculum is proprietary. Cite proprietary curriculum source/owner:

If Curriculum is new to the System or differs from approved curriculum standard in the WIDS Repository; submit program outcomes, course outcomes, course competencies, course descriptions and curriculum configuration as Attachment D

### **Curriculum Documentation of Aligned WTCS Degree/Diploma**

Cite if curriculum results in credential award from an aligned and approved WTCS degree or diploma. If yes, all three of the following are mandatory fields.

Cite approved WTCS degree program title and number:

Confirm documentation of degree/diploma curriculum record in the WIDS Repository.

Document curriculum crosswalk between degree versus apprenticeship modality of instruction i.e. A-E course hours type and resulting course hours difference for the degree-aligned apprenticeship as Attachment E.

---

## 8. RELATED INSTRUCTION IMPLEMENTATION PLAN SECTION

Projected start date of related instruction:

Projected start date of apprentice registrations:

Description of Preliminary Implementation Plan:

Provide documentation of related instruction implementation plan as Attachment F (Optional)

---

## 9. Student Success Plan

Describe your college's plan to promote inclusive excellence and address attainment gaps specifically for this new program. Incorporate plans to leverage Guided Career Pathways. Include your response as "Attachment G".

Attachment G

---

## 10. Degree Apprenticeship ONLY

DWD-BAS acknowledgment that college degree programs with the same WTCSB-approved program title and number are equivalent in instructional competencies and learning outcomes.

Degree program of the apprenticeship is System-wide aligned

Affirmation that College and DWD-BAS conferred on related instruction implementation plan, including college minimum cohort size requirement and respective operational roles and responsibilities

If Degree Apprenticeship, Financial Aid Officer Signature/Date:

\_\_\_\_\_

---

## 11. SIGNATURES SECTION

College Program Administrator Signature/Date:

\_\_\_\_\_

BAS RA Section Chief Signature/Date:

\_\_\_\_\_

BAS Director/Deputy Director Signature/Date:

\_\_\_\_\_

College ISA or President Signature/Date:

\_\_\_\_\_

When document is complete, please follow your district's procedures for review and submission. The appropriate personnel should submit this form along with all attached documentation in a single .pdf file to [programs@wtcsystem.edu](mailto:programs@wtcsystem.edu).