

13-1 INDIVIDUALIZED TECHNICAL STUDIES DEGREE PLAN FORM

College:

Date:

College Contact:

Phone:

Email:

Education Director:

- a. Program Number:
- b. Rationale for seeking the ITS degree over existing programs and explanation of why current programming does not meet student needs: (limit of 550 characters)

- c. Intended job titles/occupation of the student: (limit of 275 characters)

- d. Date of student ITS enrollment:
- e. List of names and emails for Student Advising Committee Members and Occupational Mentor is found in the supporting documentation attached as “Attachment A” (check box)
- f. ITS Student Advising Committee approval is found in the supporting documentation attached as “Attachment B” (check box)
- g. A list of courses within the curriculum that have been earned through Credit for Prior Learning (if any) and a description of how credit was determined is found in the supporting documentation attached as “Attachment C” (check box)
- h. **Proposed Curriculum:** Enter curriculum plan in chart below or replace with your own. Use the provided function codes to indicate which courses will satisfy general education and discipline emphasis requirements.

Term	Course #	Course Title	Credits	Function

Signature: _____ Date: _____
District President or Instructional Services Administrator

Printed Name: _____

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.