

16-1 Wisconsin Technical College System Shared Program Agreement

Primary College:

Primary College Contact:

Primary College Contact Email/Phone:

Primary College Financial Aid Officer:

Cooperating College:

Cooperating College Contact:

Cooperating College Contact Email/Phone:

Cooperating College Financial Aid Officer:

Education Director:

Program Number:

Program Title:

New Agreement or Renewal?

If Renewal, for how long?

a. Program Description:

- b. Occupational Area to be Served:
- c. Evidence of the need for the development of a shared program agreement. Include labor market data and cost/benefit analysis. Appendix A attached
- d. Minutes from joint Primary and Cooperating college advisory and/or shared ad hoc committee. Appendix B attached
- e. Delivery Mode:
- f. Shared Program Financial Aid Agreement (Form 16-2): Appendix C attached
- g. Primary and Cooperating College program course offering matrix (Form 16-3): Appendix D attached
- h. Academic year agreement takes effect: _____ Date: _____

Signatures:

President, Primary College

President, Cooperating College

Instructional Service Administrator, Primary

Instructional Service Administrator, Cooperating

Student Service Administrator, Primary

Student Service Administrator, Cooperating

Program Dean, Primary

Program Dean, Cooperating

Financial Aid Director, Primary

Financial Aid Director, Cooperating

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.