

3-2 PROGRAM APPROVAL FORM

College:

Date:

College Contact:

Phone:

Ext:

Email:

Education Director:

WTCSB Concept Review Approval Date:

Expected WTCSB Program Approval Date:

- a. Aid Code – Program Number:
- b. Program Title: (limit 50 characters)
- c. Description of Pathway and Laddering opportunities (limit of 275 characters)

Supporting documentation attached as “Attachment A”

- d. Summary of the benefit/cost to district stakeholders (limit of 275 characters)

Supporting documentation attached as “Attachment B”

- e. Plans for quantitative and/or qualitative assessment (limit of 275 characters)

Supporting documentation attached as “Attachment C”

Discussed with Education Director Y N

Education Director Consulted

Date

Total by Credit Type

7 or 1	Technical Studies	Sum
6 or 2	General Education	Sum
4	Elective (AAS Only)	Sum (Rolls up into supportive)
Total Credits		Sum

TD Only

Occupational Specific	%
Occupational Supportive	%
Sum	100%

Comments: (limit of 275 characters)

For credit breakouts and totals, please see Acceptable Credit and Percent Ranges in Chapter 2.

Function Code Definitions

- 1 TD - Technical Diploma program *occupational specific*
- 2 TD - Technical Diploma program *occupational supportive*
- 4 AAS - Associate in Applied Science degree program *elective*
- 6 AAS - Associate in Applied Science degree program *general studies*
- 7 AAS - Associate in Applied Science degree program *technical studies*

Signature: _____ Date: _____
Financial Aid Manager

Printed Name: _____

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.