

Form 8-2: BAS Acknowledgment of College-Initiated Program Action

NOTE: Highlighted† sections require Bureau of Apprenticeship Standards (BAS) input and signatures

DATES SECTION*

Date Form 8-2 submitted by the College to BAS*:

Due date for BAS to return signed Form 8-2 to the College*:

Effective Date of Program Action*:

CONTACTS SECTION*

College Name*:

College Program Administrator Name, title, and email*:

College Designated Apprenticeship Manager Name, title and email*:

College Administrative Support (for this program) contact name and email:

BAS RA Section Chief Name and Email*†:

BAS Apprenticeship Training Representative/Field Analyst Name and Email #1*†:

BAS Apprenticeship Training Representative/Field Analyst Name and Email #2, if applicable†:

WTCS Director*:

Date of Director Consultation, if applicable:

PROGRAM IDENTIFICATION SECTION*

WTCS Program Number (50-xxx-x)*:

WTCS Program Title*:

This is a degree apprenticeship (optional)
Cite aligned WTCS degree program title and number below.*

Program Action Type*:

Implementation of first cohort of related instruction

Program Suspension

Program Reinstatement

Program Discontinuance

Major Curriculum Modification

Delivery Modality Change

Shared Program

District Apprenticeship Contracts Variance Request (If selected, select at least one of the two below options:)

College curriculum PRI Hours/Competencies exceed BAS minimum standard for this occupation

College apprenticeship curriculum aligns with WTCS-approved local college degree program curriculum

For Degree Apprenticeship: Change in Degree Curriculum

ACTION DESCRIPTION AND DOCUMENTS SECTION*

Affirmation that College and DWD-BAS collaboratively discussed impact of college-initiated program action on respective operational roles and responsibilities of program administration or implementation.*

Action Description*:

Attachments – Document support or information about the program action as Attachment A if directed to do so per ESM instruction related to the action type.

SIGNATURES SECTION* (*digital signatures preferred*)

College Program Administrator signature and date*

College Designated Apprenticeship Manager signature and date*

BAS RA Section Chief signature and 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.