

## ESM Form 8-1 New Apprenticeship Program Approval

### 1. CONTACTS SECTION

#### College Contacts

College Name

College Program Administrator

Name

Title

Email

College Apprenticeship Coordinator

Name

Email

#### WTCS Contacts

WTCS Director

Date of Director Consultation:

#### DWD-BAS Contacts

BAS Director

Name

Email

BAS Registered Apprenticeship Section Chief

Name

Email

BAS Apprenticeship Training Representative(s)

Name(s)

Email(s)

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### 2. PROGRAM IDENTIFICATION

WTCS Program Number: 50 - -

WTCS Program Title:

CIP Code:

DWD-BAS Program Number:

DWD-BAS Occupational Title:

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

WTCS Degree-aligned Apprenticeship:            No            Yes

If yes, WTCS Board-approved Degree or Credential Program Number and Title:

Program Delivery:

Face-to-Face

Hybrid (Combo of Face-to-Face and Virtual)

100% Virtual (Online Only)

### 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 before approved, never offered).
<b>Replication of Existing</b>	Existing WTCS Board-approved apprenticeship program to be established and offered at a new, additional WTCS college.

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

Blackhawk	Lakeshore	Moraine Park	Northwood
Chippewa Valley	Madison	Nicolet	Southwest Wisconsin
Fox Valley	Mid State	Northcentral	Waukesha County
Gateway	Milwaukee	Northeast Wisconsin	Western

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### 4. DISTRICT BOARD AND WTCS BOARD APPROVAL DATES

**District Board Approval Date:**

**New to System Only: Expected WTCS Board Program Approval Date:**

## 5. DWD-BAS INDUSTRY LABOR DEMAND SECTION

DWD-BAS affirms that industry labor demand supports the need for related instruction for this occupation.

Indicate projected number of **initial** apprentice contracts at this college location:

Indicate projected number and frequency of **additional** apprentice contracts at this college location:

Indicate if Sole Sponsor request:                      No                      Yes

If yes, cite Sole Sponsor information:

Sole Sponsor Business Name:

Sole Sponsor Contact Name, Title and Email:

Description of demonstrated industry labor demand (include as Attachment A if more space is required):

**Included as Attachment A**

DWD-BAS affirms that Exhibit A is developed for this occupation.

**Exhibit A required and included as Attachment B**

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## 6. ADVISORY COMMITTEE INFORMATION SECTION

DWD-BAS-administered Advisory Committee or Sponsor (must select at least one of the five items below):

State Apprenticeship Advisory Committee      Committee Title:

Local Apprenticeship Committee                      Committee Title:

Sole Sponsor    Business Name:

Industry Advisory Committee                              Committee Title:

Licensed Occupation by  
Department of Safety and Health Services (DSPS)      Occupation Title:

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

Committee Title(s):

Description of college plan for Advisory Committee engagement (include as Attachment C if more space is required):

**Included as Attachment C**

## 7. CURRICULUM DOCUMENTATION SECTION

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

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

Curriculum differs from approved WTCS 50-xxx-x curriculum standard as posted in the WIDS State Repository (**Attachment D required – see below**).

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

Curriculum is new to the System (**Attachment D required – see below**).

Curriculum is proprietary. Cite Sole Source owner of curriculum:

**Attachment D (if required):** Program outcomes, course competencies, course descriptions, curriculum configuration and any standard WTCS-required program documentation as outlined in the Educational Services Manual (ESM).

**Attachment D required and included**

### Curriculum Documentation of Aligned WTCS Credential

Curriculum results in credential award from a WTCS Board-approved and aligned degree or diploma as indicated in Section 2 of this form.

No            Yes

**If yes, complete the following information:**

WTCS Credential Program Number and Title:

Checked box indicates that WIDS State Repository contains a record of the current documented program curriculum.

**Include as Attachment E:** document curriculum crosswalk between the WTCS credential versus the Apprenticeship modality of instruction (i.e., A-E Course Type Hours and resulting course hours difference for the degree-aligned apprenticeship).

**Attachment E required and included**

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## 8. RELATED INSTRUCTION IMPLEMENTATION PLAN SECTION

Projected start date of related instruction:

Projected start date of apprentice registrations:

Description of preliminary implementation plan (include as Attachment F if more space is required):

**Included as Attachment F**

## 9. STUDENT SUCCESS PLAN

College: 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 required and included**

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## 10. DEGREE-ALIGNED APPRENTICESHIP CONFIRMATION

**Complete section ONLY if this is a degree-aligned apprenticeship as indicated in Section 2 of this form.**

Checked box confirms that DWD-BAS and appropriate college(s) conferred on related instruction implementation plan, including college minimum cohort size requirements and respective operational roles and responsibilities.

Checked box confirms DWD-BAS acknowledgement that college degree programs with the same WTCS Board-approved program number and title are equivalent in instructional competencies and learning outcomes.

Checked box indicates System-alignment of degree apprenticeship.

WTCS College Financial Aid Officer Signature

Date

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## 11. SIGNATURES SECTION

DWD-BAS Registered Apprenticeship Section Chief Signature

Date

DWD-BAS Director/Deputy Director Signature

Date

WTCS College Program Administrator Signature

Date

WTCS College President or Instructional Services Administrator (ISA) Signature

Date

*When form is complete, please follow your college's procedures for review and submission. College must submit this form in a single .PDF document with all required attachments and documentation to [Programs@WTCSsystem.edu](mailto:Programs@WTCSsystem.edu).*