

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)

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		
New to System	Proposed apprenticeship program requires initial WTCS Board approval. Apprenticeship program does not yet exist within WTCS (new, never before approved, never offered).		
Replication of Existing	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

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

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

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

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

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.