

## OCCUPATIONAL PREPARATORY CLASS APPLICATION

<b>College</b>		<b>CIP Code</b>	
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Career Area	
<input type="checkbox"/> Arts, Information & Communication	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Business & Management	<input type="checkbox"/> Industrial & Engineering Systems
<input type="checkbox"/> Health Services	<input type="checkbox"/> Ag, Food, & Natural Resource Systems

<b>Contact Hours</b>	<b>Lec:</b>	
	<b>Lab:</b>	
<b>Credit:</b>		

<b>When to Be Offered?</b>	
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<b>Class Title</b>	<b>Class Number</b>
<b>Description:</b>	

**Contacts for possible class duplication issues:**

Private Career School	Contact Name	Date	Response

<b>College Contact</b>	<b>Phone</b> ( )	<b>Fax</b> ( )
<b>E-Mail</b>		

I certify that this course meets the criteria and standards established by the State Board of Education; the course is offered to individuals seeking to build knowledge and skills for employment in an area not included in one or more existing approved certificate or associate degree programs; that issues related to course duplication have been effectively dealt with; and that approval will not circumvent the certificate/associate degree program approval process. It is understood that the signing of this application places the burden of proof of adherence to and maintenance of these criteria and standards on this institution.

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**Date**

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**Chief Academic Officer**

<b>DCCWD/EII Staff</b>		<b>Approved</b>		<b>Disapproved</b>		<b>Date</b>	
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