Request No:\_\_\_\_\_\_\_\_\_\_\_\_\_ TBR-TCAT FORMAT 3

I. Part-Time Program Approval Request Special Industry Training

A. Tennessee College of Applied Technology at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ requests approval to offer a part-time program as described below:

1. Program name and brief description: (description should be adequate for proper program code assignment.)

2. Justification for use of Special Industry funds:

3. Name of businesses or industries requesting training:

4. Program beginning \_\_\_\_\_\_\_\_\_\_\_, ending \_\_\_\_\_\_\_\_\_\_\_\_\_, meeting \_\_\_\_\_ days per week, \_\_\_\_ hours per session for a total of \_\_\_\_\_ hours with a projected enrollment of \_\_\_\_\_\_.

5. Total amount of fees projected enrollment would be expected to produce $\_\_\_\_\_\_\_, if fee schedule was applied.

6. Source of Funding:

B. Total funding required for program:

1. Budgeted Part-time \_\_\_\_\_ (institution appropriated)

C. Requested Special Industry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Identify)

D. Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. Program Code Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (See TBR Policy 2:01:00:03)

G. Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. The Regional Articulation Committee has reviewed the need for the proposed program in light of TBR Policy 2:01:00:03 and recommends the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Meeting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Regional Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_