

State of Oregon

Eligible Training Provider: Program Application

Page Three for Updating Costs , Cost Effective Dates and/or Contact Person Information

<u>NAME OF EDUCATION/TRAINING ENTITY:</u>	
<u>PROGRAM NAME:</u>	<u>PROGRAM AWARD:</u>
<u>PROGRAM CIP CODE</u>	<u>CIP CODE TITLE:</u>
<u>ANY OTHER INFORMATION TO UPDATE ORIGINAL ETP APPLICATION:</u>	

36. AVERAGE COST FOR A STUDENT TO COMPLETE THE PROGRAM
(include all program costs)

Items	Cost
Tuition	\$
Registration Fees	
Additional Fees	
Books and Materials	
Tools and Equipment	
Specialized Clothing or Uniform	
Other (Please identify)	
TOTAL COST FOR PROGRAM	\$

37. PROGRAM COSTS EFFECTIVE DATES:

Program costs effective dates: (MMDDYY)	From:		To:	
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38. Identify certification and/or licensure required for occupation/career

I agree to provide the performance and reporting data as required and I attest that the information provided herein is complete and accurate.

	Person Completing Part II of the Application
	Person Authorizing Submission of the Application
	Person Authorizing Signature
	Phone Number of Person Authorizing Submission
	Date