

**Occupational Supplementary Course(s) Application**

College Name: \_\_\_\_\_ Term: \_\_\_\_\_ Year \_\_\_\_\_

Course Number	Course Title & Description	CIP Code	Number of Credits (if granted)	Number of Clock Hours	Targeted Population	DEPARTMENT USE ONLY	
						Approved Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
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						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**STATEMENT OF AFFIRMATION**

I do hereby certify that the course(s) listed above meet the criteria and standards established for supplemental courses as approved by the State Board of Education; the course(s) are offered primarily for individuals currently employed in a targeted occupation; not directed towards a baccalaureate degree; for employment stability; and are developed and operated with the advice and counsel of Business and Industry. By signing this application, it is understood this action, in effect, places on the institution the burden of proof that adherence to these standards and criteria is maintained.

College Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

College Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**DEPARTMENT OF COMMUNITY COLLEGES AND WORKFORCE DEVELOPMENT**

**Office of Career Technical Education**

Program Specialist \_\_\_\_\_ Date \_\_\_\_\_

