

COURSE ADDITION/REVISION APPROVAL REQUEST (ATTACHMENT 4)

To: Michelle Fehr
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From Tech College Contact:
Phone Number:
Email Address:

RECOMMENDED ADDITION TO APPROVED ENTERPRISE ZONE TRAINING PLAN

Company Name:

Address:

Send Approval To:

Email Address:

Phone Number:

TR (Track Number):

Course Title:

List the course title for the short-term or long-term training program

Training Provider:

Technical College

Company

Vendor

OJT (requires Attachment 3)*

** Prior to implementation of On-The-Job training, submit this form along with the training plan. At the conclusion of each training, submit (Attachment 3) which includes the roster and training timeframes (beginning and ending dates).*

If the Technical College is not providing this training, please explain:

Estimated number of course hours:

Estimated number of eligible employees:

Estimated course cost:

Course Description:

COURSE ADDITION/REVISION APPROVAL REQUEST (ATTACHMENT 4) CONT'D

Training Modules/ OJT Task List:

List the titles of each learning module or OJT task list being provided in the course.

Core Learning Competencies/Outcomes:

What will the student be able to do at the end of the short-term or long-term course?

Justification:

How does the training qualify?

This addition is approved by:

Company Representative (Signature Required)*

Date

Technical College Representative (Signature Required)*

Date

SC Technical College System (Signature Required)*

Date

*Digital or Electronic Signature acceptable