

COURSE ADDITION/REVISION APPROVAL REQUEST

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

Roster for On-the-Job Training*

** Prior to implementation of On-The-Job training, submit this form along with the training plan. At the conclusion of each training, submit Roster for On-the-Job Training, which includes the roster and training time frames (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 and Hours: *List the titles and hours 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