**PROFESSIONAL/TECHNICAL**

**INDIVIDUALIZED EDUCATION PROGRAM APPROVAL**

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| **Community/Technical College:**       |
| **Name of Occupation:**       |
| **CIP Code:**       | **EPC Code:**       |
| **Individuals Receiving Training1:**       |
|  | **Date Training to Begin:**       **to be Completed:**       |
|  | **Date Training to Begin:**       **to be Completed:**       |
|  | **Date Training to Begin:**       **to be Completed:**       |
|  | **Date Training to Begin:**       **to be Completed:**       |

Advisory Committee Members:

|  |  |  |
| --- | --- | --- |
| **Name** | **Job Title** | **Employer** |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
| 4.  |  |  |
| 5.  |  |  |
| 6.  |  |  |

 Signature of Workforce Education Director/ Date

 Chief Instructional Officer