**PROFESSIONAL/TECHNICAL**

**INDIVIDUALIZED EDUCATION PROGRAM APPROVAL**

|  |  |  |
| --- | --- | --- |
| **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