

**Enterprise Zone Course Addition/Revision - Approval Request
(Attachment 4)**

To: Larry Lindsey

803-463-5863

lindseyl@sctechsystem.edu

Enterprise Zone Retraining

From:

RECOMMENDED ADDITION TO APPROVED ENTERPRISE ZONE TRAINING PLAN

Company Name:

Address:

Send Approval To:

Email Address:

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)

(Note: Prior to implementation of on-the-job training, submit this form along with a revised training plan. The training plan should define learning objectives, learning activities and methods of assessment to determine that learning outcomes have been achieved. At the conclusion of each training, submit attachment 3 which includes the roster and training timeframes (beginning and ending dates).

- **Estimated Number of Course Hours:** *List the number of hours for the training course.*

- **Course Description:** *Briefly describe the course that is being provided.*

- **Training Modules/ OJT Task List:** *List the titles of each learning module or OJT task list being provided in the course.*

Enterprise Zone Course Addition/Revision - Approval Request - *Continued*
(Attachment 4)

- **Core Learning Competencies/Outcomes:** *List the measurable core learning competencies/outcomes for the course. What will the student be able to do at the end of the short-term or long-term course?*

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

- **Estimated number of eligible employees:**
- **Estimated course cost:**
- **Justification:** *How does the training qualify?*

This addition is approved by:

_____ **Date:** _____
Company Representative

_____ **Date:** _____
Technical College Representative

_____ **Date:** _____
SC Technical College System