

PRE-APPRENTICESHIP PROGRAM INDUSTRY PROVIDER APPLICATION FORM

NAME OF INDUSTRY PROVIDER OR POSTSECONDARY PARTNERSHIP IF APPLICABLE	NAME OF DISTRICT / HIGH SCHOOL
INDUSTRY PROVIDER CONTACT NAME	DISTRICT SCHOOL CONTACT NAME
STATEWIDE APPRENTICESHIP COUNCIL (SAC) NUMBER	
INDUSTRY PROVIDER ADDRESS	DISTRICT ADDRESS
INDUSTRY PROVIDER CONTACT PHONE NUMBER	DISTRICT CONTACT PHONE NUMBER
APPLICATION DATE	DATE APPLICATION APPROVED BY SCHOOL BOARD
NAME OF PRE-APPRENTICESHIP PROGRAM OFFERED BY PROVIDER	

PROGRAM START DATE	
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*COURSE	STARS COURSE CODE NUMBER	METHOD OF DELIVERY (distance learning; correspondence)	COURSE(S) ALIGNMENT to NM Standards & Benchmarks		DUAL CREDIT OFFERED	
			YES	NO	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Course of instruction may include hands-on training, but shall not include on the job training.

IDENTIFY TOOLS PROVIDED FOR PROGRAM	

IDENTIFY SUPPLIES PROVIDED FOR PROGRAM	

IDENTIFY INSTRUCTIONAL MATERIALS PROVIDED FOR THE PROGRAM	

**PRE-APPRENTICESHIP PROGRAM
INDUSTRY PROVIDER APPLICATION FORM**

DESCRIBE EVALUATION PROCESS OF PROGRAM

DESCRIBE METHOD OF GRADE REPORTING

DESCRIBE METHOD OF ATTENDANCE RECORDING

DESCRIBE PRE-REQUISITES, IF ANY, FOR PROGRAM PARTICIPATION

DESCRIBE HOW STUDENTS WILL BE RECRUITED INTO PROGRAM

DESCRIBE HOW STUDENTS WILL BE ACCEPTED INTO PROGRAM

DESCRIBE PLAN FOR CONTINUATION OF PROGRAM IF PROVIDER WISHES TO CEASE ITS PRE-APPRENTICESHIP PROGRAM

DESCRIBE CIRCUMSTANCES UNDER WHICH A PRE-APPRENTICESHIP STUDENT MAY BE DISMISSED FROM THE PROGRAM

PRE-APPRENTICESHIP PROGRAM INDUSTRY PROVIDER APPLICATION FORM

INSTRUCTOR NAME(S)	INSTRUCTOR APPLICATION FORM ATTACHED
	<input type="checkbox"/>
	<input type="checkbox"/>

LOCATION WHERE THE PRE-APPRENTICESHIP PROGRAM WILL BE CONDUCTED

ANY ADDITIONAL INFORMATION REQUESTED

<i>NOTE: IT IS THE STUDENT'S RESPONSIBILITY TO ARRANGE TRANSPORTATION TO THE PRE-APPRENTICESHIP PROGRAM INSTRUCTIONAL SITE, DEPENDING UPON THE TIME OF INSTRUCTION AND LOCATION OF INSTRUCTIONAL DELIVERY.</i>
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PRINT SUPERINTENDENT OR DESIGNEE NAME:	SUPERINTENDENT OR DESIGNATE SIGNATURE	DATE
PRINT SCHOOL BOARD PRESIDENT OR DESIGNEE NAME:	BOARD PRESIDENT OR DESIGNATE SIGNATURE	DATE
PRINT PROVIDER'S NAME:	PROVIDER'S SIGNATURE	DATE