SCHOOL-COLLEGE-WORK INITIATIVE LEVEL 1 DUAL CREDITS
SEAT PURCHASE 2013-14

COMPLETE AN APPENTICESHIP SEAT PURCHASE SUMMARY FOR EACH MTCU FIELD OFFICE

Regional Planning Team Number: _____ Name:_____

MTCU Field Office: ___ _____

Dual Credit Proposal Program # (e.g., 12.12)	Trade #	Trade Name	# of students funded for Seat Purchase through TCU	# of students Request for SCWI Seat Purchase	Semester	Estimated Total TCU Seat Purchase Funding Committed*
	TOTAL					

* If TCU Seat Purchase is not being provided, please indicate reason:

CONFIRMATION OF MTCU SEAT PURCHASE APPROVALS FOR OYAP DUAL CREDITS

MTCU Service Delivery Manager: _____(Print name clearly in block letters)

_____signature of Service Delivery Manager.
(If someone is signing on behalf of the SDM, please print name and title below signature)

_____ (date)