

**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)