

TWC USE ONLY	
Receipt #	
Fee Paid#	
Date Paid:	
Initialed By:	

Texas Workforce Commission—Career Schools and Colleges New Course of Instruction—Application

Please mail this completed New Course of Instruction Application (302COI) to:

Texas Workforce Commission
Career Schools and Colleges—Controller
101 East 15th Street
Austin, Texas 78778-0001

For help completing this application, see CSC-302COIg, New Course of Instruction—Guide to Completing an Application.

For help completing the projections for completion and employment, see CSC-302COIg, New Course of Instruction—Guide to Completing an Application.

Licensed School:

- New program**—Submit \$225, CSC-042 Summary of Changes, CSC-186 Fee Sheet, CSC-302OE Occupational Experts Statements of Support (below), and the required attachments
- New seminar**—Submit \$35, CSC-042, CSC-186, and a copy of the proposed catalog pages referencing the seminar

Applying for Original Certificate of Approval:

- New Program**—Submit CSC-302COI and the required attachments
- New Seminar**—Submit CSC-302COI and a copy of your proposed catalog pages referencing the seminar

School Information		
School Number: S	School Name:	
Physical Address:		
City:	State:	ZIP Code:
Course of Instruction		
Course Name:		
Stated Occupation(s):		
Classification of Instructional Programs (CIP) Code Number:		
Course Length		
Contact Hours (CO):	Quarter Credit Hours (QCH):	Semester Credit Hours (SCR):
Number of Lessons (online and/or distance education courses only), if, applicable		
Course Price (total):		
Projected completion rate for students who enroll in the program only :		% <i>Note: 100 percent is not realistic.</i>
Projected employment rate for students who graduate from the program only :		% <i>Note: 100 percent is not realistic.</i>

Certification

I certify that the information provided in this New Course of Instruction Application is true and correct to the best of my knowledge. I understand that if the program's employment rate remains below 60 percent for three consecutive years, TWC's approval of the program will be revoked.

Name of School Director:

Signature of School Director:

Date: (mm/dd/yyyy)

Notary

State of

County of

, where witnessed.

Subscribed and sworn to me on (mm/dd/yyyy)

My commission expires (mm/dd/yyyy)

Signature of Notary:

STAMP/SEAL

Texas Workforce Commission—Career Schools and Colleges Occupational Expert—Statement of Support (Program Only)

Instructions: For new programs, schools must provide this form (302OE) to at least **five** occupational experts from different employers who will certify that they:

- are familiar with the required job skills and responsibilities;
- have reviewed all required attachments listed in CSC-302COIg, New Course of Instruction—Guide to Completing an Application; and
- approve of the skills to be learned, admissions requirements, program content, sequence of subjects, program length, equipment, and facilities, as being appropriate, as being sufficient, and as not being excessive training for the stated occupation.

Mail this Occupational Expert Statement of Support form, along with CSC-302COI New Course of Instruction Application) to:

Texas Workforce Commission
Career Schools and Colleges—Controller
101 East 15th Street
Austin, Texas 78778-0001

Occupational Expert's Information

Name of Occupational Expert (OE):	OE's Occupation:
Name of OE's Employer:	OE's Telephone Number:
Education Relevant to New Program:	Years of Experience Relevant to New Program:

New Program Information

Name of School Submitting Request for New Program:	Title of New Program:
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Statements of Support

I have reviewed the following, and I support them as appropriate for successful completion of the proposed course of instruction and sufficient to prepare students for entry-level employment in the stated occupation.	Initials
Skills to be learned:	_____
Assessment methods:	_____
Admissions requirements:	_____
Course syllabi (outlines)	_____
Hours of training and program length as appropriate and not excessive:	_____

Occupational Expert's Signature

Typed or Printed Name:	Title:
Signature of:	Date: (mm/dd/yyyy)