

Delgado

COMMUNITY COLLEGE

LOIS PROGRAM APPLICATION

- Submit a new program to WIA**
- Reapply an existing program to WIA**
(No Changes Made)
- Reapply an existing program to WIA**
(Changes Noted on Application)
- Delete an existing program from WIA**

Return this entire application to:

Carolyn Wainright
 Asst. Research Analyst
cwainr@dcc.edu
 Phone: 504 671-5410
 Fax: 504 483-4533
 Office of Institutional Research
 Bldg 1 Room 111W

Division: _____ **CIP Code:** _____

Program Title: _____

Contact Person: _____ **Title:** _____

Email Address: _____ **Phone #:** _____

I have reviewed the information for the above program and have made the necessary corrections. I certify that this information is correct to the best of my knowledge.

Authorizing Signature: _____ **Date:** _____

For I. R. Office use only

Only 1 Program per Application, Please.

| | |
|---|---|
| Submitted to WIA _____ Revised _____ Applied to WIA _____ | Program Status _____ Eligible _____ Rejected _____ Not Reviewed _____ Deleted |
|---|---|

Louisiana Occupational Information System (LOIS)
Institutional Program Information

Program Title _____

Completion Level

- Associate Degree
- Employment/Training Program Completer (TCA)
- Associate of Applied Science
- Certificate less than 3 months
- Certificate 3 months to 6 months
- Certificate 6 months to 1 year
- Certificate 1 year to 2 years

National

State

Regional

(Indicate Highest Level)

Program Description

Date Program First Implemented

____ / ____ / ____

(Required Field)

Pell Eligible:

Yes

No

Class Availability

(check all that apply)

_____ **Day**

_____ **Evening**

_____ **Weekend**

Program Length

_____ (Number Hours)

Program Length Type

(choose appropriate type)

_____ Credit Hours

_____ Clock Hours (non-credit only)

Classroom Time

(in Hours)

_____ Lecture only (e.g., 3hrs x 15wks per semester = 45 hrs)

Other Time in Hours

_____ Practicum, Clinical, etc. (e.g., 15wks per semester x lab hrs)

**Louisiana Occupational Information System (LOIS)
Credit Program Cost**

Total Tuition Cost* \$ _____
(Upon Completion) * Other Costs must be listed separately.

_____ # of Full-time Fall and Spring Semesters

_____ # of Full-time (6 credit hours) Summer Sessions

| <i>Fall/ Spring</i> | | <i>Summer</i> | |
|----------------------------|-------------|----------------------------|-------------|
| <i>Number of Semesters</i> | <i>Cost</i> | <i>Number of Semesters</i> | <i>Cost</i> |
| 1 | \$895.00 | 1 | \$547.00 |
| 2 | \$1,790.00 | 2 | \$1,094.00 |
| 3 | \$2,685.00 | 3 | \$1,641.00 |
| 4 | \$3,580.00 | 4 | \$2,188.00 |
| 5 | \$4,475.00 | 5 | \$2,735.00 |
| 6 | \$5,370.00 | 6 | \$3,282.00 |
| 7 | \$6,265.00 | 7 | \$3,829.00 |

Other Costs

Description of Cost

| | | |
|---------------------------|----------|--------------------------|
| Registration Fee | \$ _____ | One time application fee |
| Lab Fees | \$ _____ | _____ |
| Books | \$ _____ | _____ |
| Supplies | \$ _____ | _____ |
| Uniform | \$ _____ | _____ |
| Other Costs | \$ _____ | _____ |
| Certification Exam | \$ _____ | _____ |

Lab Fees: For required and elective courses according to current class schedule, including General Education requirements. (Please Itemize)

Books: Presently applying the following estimated average: {\$60 per course x total # of courses to complete}. Include all General Education requirements in this figure. Please provide other figures, if this does not describe the probable cost of textbooks, notebooks, etc. for the program.

Supplies: e.g., video tapes, stethoscope, surgical gloves, work gloves, hand tools, equipment, etc.

Uniform: Apron, lab coat, scrubs, etc. Please note that usually more than one uniform is needed.

Other Costs: e.g., parking fees, transportation to internship site etc.

Louisiana Occupational Information System (LOIS)
Continuing Education - Only
Program Cost

Total Tuition Cost*
 (Upon Completion)

\$ _____
 * Other Costs must be listed separately.

List the required courses in sequence to complete this CE Program Certificate

| Seq # | Course Title | Hours | Cost |
|-------|--------------|-------|------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |

Other Costs

Description of Cost

| | | |
|---------------------------|----------|-------|
| Materials Fees | \$ _____ | _____ |
| Books | \$ _____ | _____ |
| Supplies | \$ _____ | _____ |
| Uniform | \$ _____ | _____ |
| Other Costs | \$ _____ | _____ |
| Certification Exam | \$ _____ | _____ |

Qualifications, Prerequisites and Equipment

Describe the minimum entry-level requirements or prerequisites in 200 words or less:

(If less than college admission policy)

Describe any major equipment used in this program and the availability in 200 words or less:

(If no equipment is required for this program, please enter NONE.)

Equipment to Student Ratio: (ex 1:3) _____

Describe Industry Support in 200 words or less:
