

6. List the Name, Length in Credits/Clock Hours and Starting Date at this location of the program(s) for which you are requesting approval for veterans training.

Name	Length	Starting Date at this Location

7. Attach a copy of the curriculum for the program(s) listed in item #6. Include the name, course number, course description and length in clock hours of each subject included in the program.

I certify that the above information is complete, true and correct to the best of my knowledge.

Name of School Official

Title

Signature of School Official

Date