

WorkPlus Regional System
Training Provider Tuition Costs and Training Periods
TO BE COMPLETED BY THE TRAINING INSTITUTION

Training Provider _____

Address _____

Name of person completing this form _____

Phone number _____ Title _____

GENERAL INFORMATION	DESCRIPTION
Program Name or single course/class title	
Total Credit/curriculum hours	
Total Number of Training Weeks	
Training Location(s)	

FULL TERM TRAINING COSTS AND REQUIRED EXPENSES	COSTS
1. Tuition <input type="checkbox"/> in state <input type="checkbox"/> out of state \$_____/terms x ____ #of terms	\$
2. Required books (itemize by term on back or attach book list w/costs)	\$
3. Required supplies, i.e., lab, uniforms, tools etc. (not included in tuition costs)	\$
4. Required fees, i.e., general, registration, parking, shots, exams, graduation etc.	\$
5. Other - explain	\$
6. Total costs of training and related expenses (#1through #5)	\$
7. Total grants (Pell, OIG etc.)	\$
8. Total costs (#6 minus #7)	\$

Class/program begins _____ and ends on _____

1. Are there prerequisite courses required to begin this training program? Y N
 What are the courses? _____
 Are they inclusive of the above costs? Y N
 If no what are the total costs? _____
2. Is this a full time program according to the training provider? Y N
3. Does the training provider have an employment placement office? Y N
 What are the placement results for the training being considering?

4. What is the completion/graduation rate? _____
5. What is the expected outcome? Certificate Associates Bachelors Masters PhD Other
