

6. List the Name, Length in 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