

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION OF LEARNING SERVICES – OFFICE OF COLLEGE AND CAREER READINESS

APPLICATION FOR APPROVAL OF SHORT-TERM ADULT EDUCATION PROGRAMS

INSTRUCTIONS Applications along with all supporting documentation can be sent to: Coordinator, Career Education, Missouri Department of Elementary and

Applications along with all supporting de Secondary Education (DESE), P.O. Box			tion, Missouri D	Department of Elementary and	
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Questions: Contact Coordinator or Care		i00 or email <u>webreplyvae@des</u> i	e.mo.gov		
TECHNICAL ASSISTANCE					
For assistance in program developmen	t or implementation, conta		n:		
Agriculture Education		573-522-6538			
Business Education		573-751-4367			
Family Consumer Sciences and Human Services		573-751-7964			
Health Sciences		573-751-3407			
Marketing and Cooperative Education		573-751-4367			
Skilled Technology Sciences Technology and Engineering		573-522-5804 573-751-7764			
		5/3-/51-//64			
SCHOOL INFORMATION					
SCHOOL DISTRICT/LOCAL EDUCATION AGENCY (LEA) NAME		COUNTY-DISTRICT CODE			
SCHOOL ADDRESS	CITY		STATE	ZIP CODE	
PROGRAM INFORMATION	(attach course outline)				
CLASSIFICATION OF INSTRUCTIONAL (CIP) CODE		NUMBER OF STUDENTS SERVED DURING THE LAST COURSE OFFERING (IF			
		APPLICABLE)			
DESCRIBE THE DEMAND FOR THE PROGRAM					
GENERAL OBJECTIVE					
SENERAL OBJECTIVE					
PLANNED CONTACT HOURS OF THE PROGRAM (NOT TO EXCEED 499)		MINIMUM CONTACT HOURS OF THE PROGRAM RECOMMENEDED FROM ACCREDITING AGENCY/REGULATORY BOARD (IF APPLICABLE)			
		ACCREDITING AGENCT/REGULATORT BOARD (IF AFFLICABLE)			
RATIONALE FOR INCREASED CONTACT HOURS A	BOVE MINIMUM RECOMMENDA	ATION (IF APPLICABLE)			
WHO WEET ON HONEROLD CONTINOT HOUSE	NEOVE MINIMONI RECOMMENDS	(II / II / LIG/IBLE)			
IST INDUSTRY CERTIFICATION/PROFESSIONAL	LICENSE AVAILABLE LIBON SU	CCESSELII COMBI ETION OF PROGRA	M		
IST INDUSTRY CERTIFICATION/PROFESSIONAL	LICENSE AVAILABLE UPON SUC	CCESSFUL COMPLETION OF PROGRA	IVI		
CONTACT INFORMATION					
PRINT SCHOOL REPRESENTATIVE NAME		REPRESENTATIVE SIGNATUR	RE .	DATE	
THE SOLIOOF HELITEDENTATIVE NAME		REI REGENTATIVE GIGNATOR	\ <u>_</u>	DATE	
DEDDECENTATIVE DUONE NUMBER		DEDDECENTATIVE FAARU AS	DDECC		
REPRESENTATIVE PHONE NUMBER		REPRESENTATIVE EMAIL AD	DKESS		

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VITItle IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email: civilrights@dese.mo.gov.