



Phone (269) 660-1403

MICHIGAN HRDI
MICHIGAN WORKS! SERVICE CENTER

UPON COMPLETION, RETURN CURRICULUM OUTLINE TO:

ATTENTION: **Gail Granville - Education Facilitator**
Or Julie Grove - Education Facilitator
FAX 269-965-3489

CURRICULUM OUTLINE

This person is not authorized to start training until a TRAINING VOUCHER is signed by the school, the student and Michigan HRDI. THIS INFORMATION IS USED AS AN ESTIMATE OF EXPENDITURES ONLY

| | | | | | | |
|---|--|---------------------|--|---|----------------------------|-----|
| S T U D E N T | Name | | Social Security Number | | Telephone | |
| | Address | | City | | State | Zip |
| | | | | | MI | |
| | Name of Training/Educational Facility | | | Training Institution's Federal IRS Number | | |
| Kellogg Community College | | | D38-1942332 | | | |
| Address | | City | | State | Zip | |
| 450 North Avenue | | Battle Creek | | MI | 49017 | |
| T R A I N I N G I N S T I T U T I O N | Name of Training Program and Occupation being trained for | | | Total Credit Hours | Total Weeks of Training | |
| | Estimated Beginning Date: | | | Estimated Ending Date: | | |
| | Please verify that the following documentation is attached: | | | | | |
| | <input type="checkbox"/> A copy of the training institution's refund policy <input type="checkbox"/> A copy of the training institution's billing policy <input type="checkbox"/> A copy of the training institution's vacation schedule. Please provide a list of holidays recognized by the institution and the start and end dates for semester breaks. | | | | | |
| Total cost for completion of the program of study identified above (add all semester costs): | | | | | | |
| Tuition | | \$ _____ | (For entire program. Include any anticipated tuition increases.) | | | |
| Registration Fee | | \$ _____ | (Please do not charge the student) | | | |
| Application Fee | | \$ _____ | (Please do not charge the student) | | | |
| Lab Fees | | \$ _____ | (Estimated to the best of your ability) | | | |
| Equipment | | \$ _____ | (If provided by the school, please do not include cost) | | | |
| Books | | \$ _____ | (Estimate \$300 per 12 credit hour semester) | | | |
| Misc. Fees | | \$ _____ | (Please attach description of miscellaneous fees) | | | |
| TOTAL | | \$ _____ | | | | |
| S T A F F | Name of Counselor/Academic Advisor | | Title | | Telephone | |
| | | | Academic Advisor | | (269) 965-3931 ext. | |
| Name of Authorized Signatory | | Title | | Telephone | | |
| | | | | | | |

PLEASE RETURN COMPLETED FORMS TO MICHIGAN HRDI



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| First Semester Costs: Term: _____ Year: _____ | | Class Schedule | Credit Hours |
|---|----------|-------------------------|-----------------------|
| Line Item | Cost | Provide List of Classes | Credit hour per class |
| Tuition | \$ _____ | | |
| Registration Fee | \$ _____ | | |
| Application Fee | \$ _____ | | |
| Lab Fees | \$ _____ | | |
| Equipment | \$ _____ | | |
| Books | \$ _____ | | |
| Misc. Fees | \$ _____ | | |
| TOTAL | \$ _____ | | TOTAL: _____ |

| Second Semester Costs: Term: _____ Year: _____ | | Class Schedule | Credit Hours |
|--|----------|-------------------------|-----------------------|
| Line Item | Cost | Provide List of Classes | Credit hour per class |
| Tuition | \$ _____ | | |
| Registration Fee | \$ _____ | | |
| Application Fee | \$ _____ | | |
| Lab Fees | \$ _____ | | |
| Equipment | \$ _____ | | |
| Books | \$ _____ | | |
| Misc. Fees | \$ _____ | | |
| TOTAL | \$ _____ | | TOTAL: _____ |

| Third Semester Costs: Term: _____ Year: _____ | | Class Schedule | Credit Hours |
|---|----------|-------------------------|-----------------------|
| Line Item | Cost | Provide List of Classes | Credit hour per class |
| Tuition | \$ _____ | | |
| Registration Fee | \$ _____ | | |
| Application Fee | \$ _____ | | |
| Lab Fees | \$ _____ | | |
| Equipment | \$ _____ | | |
| Books | \$ _____ | | |
| Misc. Fees | \$ _____ | | |
| TOTAL | \$ _____ | | TOTAL: _____ |