

LCSC Workforce Training Credit Course Approval Form

WFT Non-Credit Course

Course Title	Course Number	Course Hours		
		Classroom	Lab	Clinical

Course syllabus attached _____

Articulated Credit Course

Course Title	Course Number	Section	Credits

Approvals

WFT Program Coordinator Signature _____ Date _____

WFT Director Signature _____ Date _____

Division Chair Signature _____ Date _____

Instructional Dean Signature _____ Date _____

Instructor Qualification Information

Verification of Instructor Qualifications (Resume, WFT Application, or CV) for the specific Instructor(s) for the course will be attached to each WFT Non-Credit to Credit Transcript Request Form as the course may be taught using different Instructors.

*Note: 1 Credit requires 15 hours of classroom or 30 hours of lab or 45 hours of clinical or combination of hours.
Original to be retained by Division Chair and signed copy to Workforce Training.*