**Subsequent Renewal Application Cover**

**Texas Skill Standards Based Program Recognition**

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| Colleges applying for subsequent renewal of Texas skill standards based program recognition must complete the information below. A separate application must be submitted for each recognized program for which subsequent renewal is being sought. To complete this form electronically, download at www.tssb.org/applications. | | | | | | | | | | | | |
| Institution name: |  | | | | | | | | | | | |
| **Program Information:** Enter the award title and level of the recognized program for which subsequent renewal is being sought. Indicate the month and year of the last program recognition approval. | | | | | | | | | | | | |
| Award title and level (AAS, AS or level two certificate) of recognized program: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Date of last program recognition renewal: | | | | | | |  | | |  | | |
|  | | | | | | | Month | | | Year | | |
| **Contact Information:** Enter the name, title, and contact information of the single program contact who is submitting the renewal application on behalf of the institution and all its campuses where the program is offered. | | | | | | | | | | | | |
| Name of single program contact (see above): | | | Title: | | | | | | | | | |
|  | | |  | | | | | | | | | |
| Mailing address: | | | | | | City: | | | | | State: | Zip code: |
|  | | | | | |  | | | | | **TX** |  |
| Telephone: | | | | Email: | | | | | | | | |
|  | | | |  | | | | | | | | |
| **Changes Since Last Program Recognition Renewal:** Indicate whether either of the following has occurred since the program’s recognition was last renewed on the date above:  Skill standards incorporated into the curriculum have been updated.  Any course or placement of the key activities in the approved program recognition matrix has changed.  If neither of the above has occurred since program recognition was last renewed, sign the statement of assurances on the attached subsequent renewal application form–one, and email pdf copies of it and this application cover to the Texas Workforce Investment Council (TWIC). Call phone number below for email address.  If either statement above has been checked, complete subsequent renewal application form–two and email pdf copies of it and this cover, with sample assessments, as indicated in the instructions on form–two, to TWIC.  **Texas Workforce Investment Council**  **512/936-8100** | | | | | | | | | | | | |
| **FOR TWIC USE ONLY** | | | | | | | | | | | | |
| Staff review by: |  |  | | | Renewal recommended | | |  | Does not meet renewal requirements | | | |
| Approval date: |  | | | | | | | | | | | |