**Application Supplement: Additional Campuses**

**Texas Skill Standards Based Program Recognition**

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| **Report Additional Campus(es) –** Thisform supplements the original program recognition application for all colleges. It must be submitted whenever a college’s recognized program is offered at additional campus(es) after the original application is approved. A separate form must be submitted for each recognized program (level two certificate or associate’s degree). ***This form may be downloaded from the Texas skill standards website at*** [www.tssb.org/applications](http://www.tssb.org/applications). ***and completed electronically.*** *(See help text in the status line for each field.)* | | | | | | | | | | | | | | | | |
| College name: | |  | | | | | | | | | | | | | | |
| Program award: | |  | | | | | | | | | | |  | | | |
| Title Level (select one) | | | | | | | | | | | | | | | | |
| Skill standards incorporated into curriculum: | | | | |  | | | | | | | | | | | |
| Additional campuses offering program (list each separately below): | | | | | | | | | | | Implementation semester and year: | | | | | |
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| Name of single program contact for all campuses: | | | | | | | | | Title of program contact: | | | | | | | |
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| Mailing address: City: State: Zip Code: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | **TX** | |  |
| Telephone: |  | | | | | Email: |  | | | | | | | | | |
| College statement of assurance regarding additional campuses: | | | | | | | | | | | | | | | | |
| The signature of the college representative named below indicates that the campuses listed above will adhere to the same program recognition requirements as approved in the original application, including the: 1) signed statement of intent to incorporate skill standards into curriculum; 2) key activities-to-courses matrix; and 3) syllabi with the key activities from the matrix listed as learning outcomes. If the recognized program also has been renewed initially, the campuses above will use the assessments approved in the renewal application to evaluate students’ performance of the key activities (or equivalent element) in the skill standards. | | | | | | | | | | | | | | | | |
| Signature of college president/chancellor or chief instructional officer: | | | | | | | | | | | | | | | Date | |
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| Name of president/chancellor or chief instructional officer: | | | | | | | | Title: | | | | | | | | |
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| FOR TWIC USE ONLY | | | | | | | | | | | | | | | | |
| Staff review by: | | |  | | | | | | | Date: | |  | | | | |
| Date of original program recognition approval: | | | |  | | | | | | | | | | | | |