

Name of School: _____

Date: _____

Attachment N
DETAILED COURSE LIST

(Required only for Initial Applications or Program Audits)

	Name of Course	Classroom Hours per week*	Time**	Lab Shop Hours per week	Time**	Calendar week	Total Clock Hours	Tuition Fees
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

*Correspondence schools must list the number of lessons in each course and the method of delivery (e.g. web-based, video).

** (e.g. 9am-2pm) Show breaks, study periods and lunch time. Also list any internship or practicum time required.

For Division Use Only: Reviewed by: _____

Approval Date: _____