**Retail Technology NDWG**

**Individual Training Account Request Form**

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| REFERRAL CAREER CENTER: | DATE SUBMITTED: |
| CLIENT NAME: | ID#: |
| SELECTED PROGRAM: | MOSES COURSE ID: |
| SELECTED VENDOR NAME: | Training PROVIDER ID: |
| TRAINING ADDRESS: | PHONE: |
|  | FAX: |

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| TO BE COMPLETED BY TRAINING VENDOR:  BUSINESS OFFICE ADDRESS *(If Different From Above)*:  CONTACT NAME AND TITLE:  START DATE:       END DATE:       # OF WKS OF TRAINING:  TUITION: $      BOOKS: $      FEES: $      TOTAL COST: $  APPLIED FOR/APPROVED FOR OTHER FUNDING SOURCES (PELL, SEOG, etc.) HOW MUCH: $  VENDOR APPROVAL OF ENROLLMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Vendor Signature Date |

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| TO BE COMPLETED BY CAREER CENTER:  REQUESTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Career Center Staff Date  APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Career Center Manager / Supervisor Date |

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| Metro North REB INTERNAL USE ONLY:    Contract Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuition: $  Books: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (paid out of pocket)  Obligation: $ Fees: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (paid out of pocket) |

**CAREER CENTERS PLEASE SEND THIS COMPLETED REQUEST TO:**

**Metro North REB, Attn: Ben Christensen**

**Email:** [**bchristensen@mnreb.org**](mailto:bchristensen@mnreb.org)