**SCDE PERKINS V PROGRAM OF STUDY LOCAL PARTNERSHIP AGREEMENT FORM**

|  |  |
| --- | --- |
| PostSecondary:  Postsecondary Cluster: | *Careers/Occupations*  This program of study will help prepare students in the local service area for a career in:  *Signatures of Agreement* I agree to enter into a collaborative partnership with my postsecondary /secondary counterpart to promote the outlined program of study.  Postsecondary/CAO/CSSO  Date of Signature  Secondary CTE Administrator  Date of Signature |
| Level One – Certificate or Dual Credit Program\* |
| *\* Indicate Program Credit Hrs* |
| Level Two – Associate Degree Program \* |
| *\* Indicate Program Credit Hrs.* |
| Level Three – Diploma Program\* |
| *\* Indicate Program Credit Hrs.* |
| Work-Based Learning Experiences |
| *List any supporting business/industry that may provide work-based learning opportunities for students.* |

|  |
| --- |
| District/MDCC: Secondary Program:  Secondary Cluster: |
| CTE Course One |
|  |
|  |
| CTE Course Two |
|  |
| CTE Course Three |
|  |
| Certification for Career Readiness |
|  |