

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)  
BOARD ENROLLMENT STUDY PLAN AGREEMENT**

Email: \_\_\_\_\_ Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Best to contact during business hours): \_\_\_\_\_ Social Security # (last 4 digits): \_\_\_\_\_

Certificate Program Cost: \$ \_\_\_\_\_ Certificate Requirements Remaining:

Certificate Program Enrolled In: \_\_\_\_\_ # of Courses: \_\_\_\_\_

Work Source Center: \_\_\_\_\_ # of Electives: \_\_\_\_\_

WIB Contract Dates: \_\_\_\_\_ to \_\_\_\_\_

**REQUIRED COURSES**

**FIRST YEAR**

**SECOND YEAR**

Reg #	Course #	Title	Units	FA	WI	SP	SU	FA	WI	SP	SU

**RECOMMENDED ELECTIVES**


I agree to the above *Enrollment Study Plan Agreement* as recommended by my certificate advisor. I understand that I must enroll in and complete each class with a letter grade of "C" or better.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Office use only:</b>                  Financial Aid Approval: _____ Date: _____ Enrollment Processor: _____ Date: _____</p>
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