



Policy No. IS100.51
Northwest Louisiana Technical College

College Exit/Job Placement

Original Adoption: June 1, 2007
Effective Date: June 1, 2007
Last Revision: August 21, 2014

Student Name: _____ **SS#:** _____

Program: _____

Last Term of Attendance: _____ **Last Date of Attendance:** _____

Completion/Exit Date: _____ **Total Program Hours Earned to Date:** _____

Was student dually enrolled in High School?

Yes No

Are you receiving any type of financial aid?

Yes No **List:** _____

Check if student also exited from the following: GED Developmental Studies STEP

EXIT LEVEL

- Graduate (A Job Placement Form must be submitted for all completers and graduates.)
- Associate Degree Technical Diploma
- Certificate
 - TCA (Technical Competency Area); applied course or series (1-12 credit hours)
Name of TCA _____
 - CTS (Certificate of Technical Studies) (21-33 credit hours) BOR recognized CTS
Name of CTS _____
- No Award (A Job Placement Form must be provided for the student's file).

REASON FOR EXIT

Documented evidence of the following must be provided for the student's file.

- Employment – Related Employment – Unrelated Program Change
- Continuing Education Joined Military Self Employed
- Academic Suspension Dropped/Unknown LTC Campus Transfer

- | | | |
|---|---|--|
| <input type="checkbox"/> Approved Medical | <input type="checkbox"/> Excessive Absences | <input type="checkbox"/> Program Closure |
| <input type="checkbox"/> Attendance Suspension | <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Return to High School |
| <input type="checkbox"/> Death | <input type="checkbox"/> Lack of Child Care | <input type="checkbox"/> Temporary Leave |
| <input type="checkbox"/> Disciplinary – Expulsion | <input type="checkbox"/> Non-credit Certificate | <input type="checkbox"/> Transportation Problems |
| <input type="checkbox"/> Disciplinary Suspension | <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Unsatisfactory Progress |

Other: _____

JOB PLACEMENT INFORMATION

Name of Business	Employer Contact/Phone	Fax Number
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Street Address	City	State	ZIP Code
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Job Title: _____	Salary: Per Hour _____	Per Month: _____
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Employment Related: Yes No Full Time Part Time Date Employed: _____

Signatures: Instructor _____ Student Affairs Office: _____ Date: _____

Date Recorded in Official Student Records Database By: _____

Policy Reference: Louisiana Technical College Policy No. IS100.51

Approved:



Dianne Clark
Interim Director