|  |  |
| --- | --- |
| **1. College Name:** |  |
|  | (Print Full Name) |
| **2. Agency Contacts:** |  |
| Community College |  |  | Corrections/Captive/Co-Opted Facility |  |
| Name: |       |  |  | Name: |       |  |
| Title: |       |  |  | Title: |       |  |
| Phone: |       |  |  | Phone: |       |  |
| E-mail: |       |  |  | E-mail: |       |  |
|  |  |  |  |  |  |  |
| **3. Instructional Program** |
|  |       | Occupational Extension |       | Human Resources Development |       | Self-Support / CSP |
| **4. Proposed Implementation Date** (Specify a month, day, and year) |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5. Population Served (check one) Name of**  | Section Codes | Facility Name | Location\* | Facility ID | Matrix Category | Feasibility Plan |
|  |  | Students in NC Adult Corrections Facility  | P |       |       |       |       |       |
|  |  | Students in Private Corrections Facility | P |       |       |  |  |  |
|  |  | Students in Federal Corrections Facility | P |       |       |  |  |  |
|  |  | Students in Local Jail/Detention Center | J |       |       |  |  |  |
|  |  | Students in Domiciliary Care Facilities | D |       |       |  |  |  |
|  |  | Students in Substance Abuse/Rehab Center | A |       |       |  |  |  |
|  |  | Students in Community Rehabilitative Facility/ADAP Center | D |       |       |  |  |  |
|  |  | Students (Clients) in a Nursing Facility  | N |       |       |  |  |  |
|  |  | Studen ts in an in-patient Psychiatric Center | I |       |       |  |  |  |
|  |  | Students in Juvenile Justice Facility (committed youth) | --- |       |       |  |  |  |
| \* If the city location is not in your college’s service area, please attach a copy of your signed Institutional Service Agreement. |
| **6. Course Information (Please complete a separate form for each course, per facility)** |
| CCL Master Course Code: |       |
| CCL Master Course List Title: |       |
| Local Title: |       |
| Course Plan: | A course plan must be attached to the approval request |
| Total Course Hours Requested: |       |
| Maximum Hours on CCL Master Course List: |       |
| Length of each class meeting (in hours): |       |
| Number of weekly class meetings: |       |
| **7. Required Signatures**  |
| Captive/Co-Opted Facility Senior Administrator: |  | Date: |  |
| Senior Continuing Education Administrator: |  | Date: |  |
| College President: |  | Date: |  |
| Chairman, Board of Trustees: |  | Date: |  |

**Instructions for Completing the WCE Captive Request Form**

|  |  |
| --- | --- |
| **Item** | **Instruction** |
| **1.** | **College Name** | * Enter the college’s full name.
 |
| **2.** | **Agency Contacts** | * Enter the contact information for both the college and the participating facility.
 |
| **3.** | **Instructional Program** | * Check the most appropriate instructional program.
 |
| **4.** | **Implementation Date** | * Enter the proposed implementation date. Include month, day, and year.
* Please note that colleges cannot offer courses to captive and co-opted groups until the State Board approves the request. **A typical timeframe for processing a course approval is two to three months; plan accordingly**.
* The State Board typically does not meet in June or December.
 |
| **5.** | **Population Served** | * Check the intended population to be served.
* Enter the name and location of the facility. Please note: If the location/city is not in the college’s service area, please attach a copy of a signed Institutional Service Agreement.

If applicable, please complete the following:* **Facility ID** – Enter the 4-digit facility ID code. This field is only applicable to facilities operated by the Department of Public Safety. See attached list.
* **Matrix Category** – Enter the matrix category. This field is only applicable to facilities operated by the Department of Corrections. See attached list.
* **Feasibility Plan** - Enter “Yes” or “No” if a Feasibility Plan is attached. This Department of Public Safety form is only required for courses taught in a Department of Public Safety state facility. Please note that a course cannot be approved without this form.
 |
| **6.** | **Course Information** | * Enter the appropriate information for all fields. Colleges must submit a separate form for each course request.
* Attach a Course Plan. This plan should include a **course description, specific learning objectives, outline**, and **evaluation methods**. See Elements of a Workforce Continuing Education Course Plan/Outline.
 |
| **7.** | **Required Signatures** | * Obtain the required signatures. Please note that the System Office will not begin the approval process without all signatures.
 |

**Instructions for Submitting Request to the System Office**

1. Check the completeness and accuracy of the information contained on all required documents: WCE Captive Request Form, course plan/outline, and if applicable, a Department of Public Safety Feasibility and Implementation Plan
(<https://www.nccommunitycolleges.edu/sites/default/files/basic-pages/workforce-continuing-education/feasibility.doc>). These documents combined will be referred to as the application packet.
2. Submit the complete application packet with all signatures on each and submit it to:

Associate Vice President – Workforce & Continuing Education Programs

WCERequests@nccommunitycolleges.edu

1. Allow adequate time for course approval. A typical timeframe for processing a course approval is two to three months; plan accordingly. *Note*: The State Board typically does not meet in June or December.

Department of Public Safety Facilities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Facility** | **Facility ID** | **Matrix** |  | **Facility** | **Facility ID** | **Matrix** |
| Albemarle Correctional Institution  | 4580 | 4b |  | Lanesboro Correctional Institution  | 4865 | 3 |
| Alexander Correctional Institution  | 4870 | 3 |  | Lincoln Correctional Center  | 4525 | 3 |
| Anson Correctional Center  | 4570 | 3 |  | Lumberton Correctional Institution  | 4365 | 2 |
| Avery-Mitchell Correctional Institution  | 4680 | 3 |  | Marion Correctional Institution  | 3730 | 3 |
| Bertie Correctional Institution  | 4880 | 4a |  | Maury Correctional Institution  | 4875 | 4a |
| Black Mountain Correctional Ctr for Women  | 3040 | 2 |  | McCain Correctional Hospital  | 3700 | 2 |
| Bladen Correctional Center  | 4315 | 2 |  | Morrison Correctional Institution  | 3930 | 3 |
| Brown Creek Correctional Institution  | 3510 | 4b |  | Mountain View Correctional Institution  | 4855 | 3 |
| Buncombe Correctional Center  | 4675 | 3 |  | Nash Correctional Institution  | 3710 | 4b |
| Cabarrus Correctional Center  | 4510 | 3 |  | NC Correctional Institution for Women  | 3010 | 4b |
| Caldwell Correctional Center  | 4625 | 3 |  | Neuse Correctional Institution  | 3060 | 2 |
| Caledonia Correctional Institution  | 3305 | 3 |  | New Hanover Correctional Center  | 4170 | 2 |
| Carteret Correctional Center  | 4110 | 3 |  | North Piedmont Corr Ctr for Women | 3090 | 2 |
| Caswell Correctional Center  | 4415 | 3 |  | Odom Correctional Institution  | 3310 | 4b |
| Catawba Correctional Center  | 4555 | 3 |  | Orange Correctional Center  | 4240 | 2 |
| Central Prison  | 3100 | 4b |  | Pamlico Correctional Institution  | 4850 | 3 |
| Charlotte Correctional Center  | 4530 | 2 |  | Pasquotank Correctional Institution  | 3740 | 3 |
| Cleveland Correctional Center  | 4560 | 3 |  | Pender Correctional Institution  | 4150 | 3 |
| Columbus Correctional Institution  | 4355 | 2 |  | Piedmont Correctional Institution  | 3500 | 2 |
| Craggy Correctional Center  | 4630 | 3 |  | Polk Correctional Institution  | 3980 | 2 |
| Craven Correctional Institution  | 3085 | 2 |  | Raleigh Correctional Center for Women | 3030 | 2 |
| Dan River Prison Work Farm | 3080 | 3 |  | Randolph Correctional Center  | 4445 | 2 |
| Davidson Correctional Center  | 4420 | 3 |  | Robeson Correctional Center  | 4340 | 2 |
| Duplin Correctional Center  | 4125 | 3 |  | Rowan Correctional Center  | 4540 | 1 |
| Durham Correctional Center  | 4210 | 2 |  | Rutherford Correctional Center  | 4655 | 2 |
| Eastern Correctional Institution  | 3400 | 4b |  | Sampson Correctional Institution  | 4345 | 3 |
| Foothills Correctional Institution  | 3720 | 4b |  | Sanford Correctional Center  | 4360 | 1 |
| Forsyth Correctional Center  | 4430 | 3 |  | Scotland Correctional Institution  | 4860 | 3 |
| Fountain Correctional Center for Women  | 3020 | 3 |  | Southern Correctional Institution  | 3600 | 4b |
| Franklin Correctional Center  | 4215 | 3 |  | Tabor Correctional Institution | 4885 | 3 |
| Gaston Correctional Center  | 4515 | 2 |  | Tillery Correctional Center  | 3320 | 3 |
| Gates Correctional Center  | 4130 | 1 |  | Tyrrell Prison Work Farm | 3070 | 3 |
| Greene Correctional Institution  | 4140 | 2 |  | Umstead Correctional Center  | 4255 | 1 |
| Guilford Correctional Center  | 4440 | 1 |  | Union Correctional Center  | 4550 | 3 |
| Harnett Correctional Institution  | 3805 | 4b |  | Wake Correctional Center  | 4265 | 2 |
| Haywood Correctional Center  | 4640 | 2 |  | Warren Correctional Institution  | 4290 | 3 |
| Hoke Correctional Institution  | 4320 | 3 |  | Wayne Correctional Center  | 4175 | 2 |
| Hyde Correctional Institution  | 4180 | 4b |  | Western Youth Institution | 3905 | 3 |
| Johnston Correctional Institution  | 4230 | 3 |  | Wilkes Correctional Center  | 4665 | 2 |
|  |  |  |  | Wilmington Residential Facility for Women | 3050 | 1 |