



**PLAN APPROVAL**

The following signatures indicate that the community college and local high school administrators have reviewed and approved the plan for pathway implementation as described in this application.

\_\_\_\_\_  
College President (Printed)

\_\_\_\_\_  
College President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior CE Administrator (Printed)

\_\_\_\_\_  
Senior CE Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CTE Director or District Chief Academic Officer (Printed)

\_\_\_\_\_  
CTE Director or District Chief Academic Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
High School Administrator (Printed)

\_\_\_\_\_  
High School Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Regional CTE Coordinator (Printed)

\_\_\_\_\_  
Regional CTE Coordinator Signature

\_\_\_\_\_  
Date

**NORTH CAROLINA COMMUNITY COLLEGE SYSTEM OFFICE USE**

The NCCCS – Division of Workforce Continuing Education has reviewed the application for WCE Pathway as outlined in this application.

\_\_\_\_\_ Approved

\_\_\_\_\_ Date

\_\_\_\_\_ Returned for Additional Information

\_\_\_\_\_ Date

\_\_\_\_\_ Denied

\_\_\_\_\_ Date

\_\_\_\_\_  
Associate Vice President – Workforce Continuing Education

\_\_\_\_\_  
Date

Sample - Submit Electronically