



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.

- | | | |
|---|---|--|
| <input type="checkbox"/> Employment – Related | <input type="checkbox"/> Employment – Unrelated | <input type="checkbox"/> Program Change |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Joined Military | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> Academic Suspension | <input type="checkbox"/> Dropped/Unknown | <input type="checkbox"/> 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 _____

Street Address _____ City _____ State _____ ZIP Code _____

Job Title: _____ Salary: Per Hour _____ Per Month: _____

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