|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) | | | | | | | | | |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto: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 |