**MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE**

## Customized Training Build a Course

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| --- | --- | --- | --- |
| Submitted By: | Choose an item. | Fiscal Year | Choose Fiscal Year. |
| Date Course Begins: | tap to use date picker. | Date Course Ends: | tap to use date picker. |

|  |  |
| --- | --- |
| Course to Build: | Choose an item. |
| Customized Training Instructor: | Click or tap here to enter text. |
| Cost Center | Choose cost center. |
| Course ID #: (AAC will fill this in after course built) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Meeting pattern for the course: (days/time/online and room # if applicable) | Click or tap here to enter text. |
| Location where course is to be held | Click or tap here to enter text. |
| Closed Contract or open enrollment | Closed  Open |
| If Closed – Who is it for | Click or tap here to enter text. |
| Closed Contract # | Click or tap here to enter text. |

**Faculty Pay Information:**

|  |  |
| --- | --- |
| Faculty paid by Credit on the course: | Yes No |

**If not paid by credit Complete this portion:**

|  |  |
| --- | --- |
| Number of Days worked: | Click or tap here to enter text. |
| Daily percentage: | Click or tap here to enter text. |
| Rate of Pay: | Click or tap here to enter text. |
| Total Compensation: | Click or tap here to enter text. |
| Pay Disbursement: | Lump Sum Bi-Weekly |

**Signatures:**

|  |  |  |
| --- | --- | --- |
| **Personnel** | **Signature** | **Date** |
| Customized Training Instructor: |  |  |
| C.T. Program Coordinator: |  |  |
| Administrator: |  |  |