SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
STUDENT SERVICES DIVISION-VETERANS EDUCATION AND TRAINING

1122 Lady Street, Suite 300, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-2297

REQUEST FOR APPROVAL ACTION

Action Requested:

☐ Approval of IHL ☐ Approval of NCD ☐ Approval of APP

☐ Approval of OJT ☐ Approval of FLT ☐ Enrollment of Veteran

Date: _____

Name of Establishment: _____

Address: _____
Street City State Zip

Name of Contact: _____ Title: _____

Voice: _____ Fax: _____ E-Mail: _____

If Enrollment, is Training Objective approved? ☐ Yes ☐ No

If the Training Objective is not approved, is there a reasonable certainty that the job for which the veteran or eligible person is to be trained will be available at the end of the training period? ☐ Yes ☐ No

Names of eligible person(s) to be enrolled, if applicable:

_____

_____

_____

Additional information, if applicable:

_____

_____

_____

_____

_____

_____
Name of Official

Packet Mailed: _____

Appointment Date: _____