



### WIOA PROGRAMS CONTINUATION OF TRAINING VOUCHER ATTACHMENT

Participant Name: \_\_\_\_\_

ASSET PIN: \_\_\_\_\_

**This document will be attached to any continuation of training vouchers for a long-term training program.** If ITA training program has already begun and all Labor Market, Training Description, and Customer Justification paperwork has been submitted with a previous training voucher pertaining to the same ITA training program, please attach this form to any subsequent vouchers.

1. Current semester anticipated start date: \_\_\_\_\_

2. Current semester anticipated end date: \_\_\_\_\_

3. Anticipated program end date: \_\_\_\_\_

4. Completion of this training will lead to:

(Check Credential that applies)

- Bachelor's Degree
- Associate degree
- Technical Diploma
- 1-year Certificate Program
- 2-year Certificate Program
- Occupational Skills Certificate
- Occupational Skills License
- Course Certificate

5. Include Voucher, pricing breakdown, and course list

6. Financial aid (if required)

7. Approval to exceed the spending cap (if applicable)

\_\_\_\_\_  
Career Planner Signature

\_\_\_\_\_  
Date

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