



**U.S. Department of Labor**  
 Employment and Training Administration  
 Office of Apprenticeship

OMB Approval No. 1205-0512  
 Expiration Date: XX/XX/XX

**Registered Apprenticeship-College Consortium (RACC)**  
 Application for Two- and Four-Year Post-Secondary Institution Membership

Name of Institution \_\_\_\_\_

Address of Institution (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Website that best describes program \_\_\_\_\_ Phone \_\_\_\_\_

**Members of the RACC may be entire institutions or appropriate subdivisions (schools or major divisions). Select and complete appropriate response:**

\_\_\_ Membership applies to the entire institution \_\_\_\_\_

\_\_\_ Membership is limited to (colleges, schools, major divisions) \_\_\_\_\_

\_\_\_ Membership excludes (colleges, schools, major divisions) \_\_\_\_\_

**INSTITUTIONAL INFORMATION**

**Type of Institution:**

Public \_\_\_\_\_

Private non-profit \_\_\_\_\_

Private for-profit \_\_\_\_\_

**Institution accredited by the following regional accrediting organization:**

\_\_\_\_\_

Institution offers

Apprenticeship-related instruction

Credit format \_\_\_\_\_ Non-credit format \_\_\_\_\_

Institution offers the following awards\_

Associate's Degree \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Certificates/credentials  
 \_\_\_\_\_

Credit System: Semester \_\_\_\_\_

Quarter \_\_\_\_\_

Trimester \_\_\_\_\_

States in which approved degree programs are operated: \_\_\_\_\_

**Do you provide related instruction to any Registered Apprenticeship programs?** Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Additional fields are provided for more than one program)

If yes, please complete the information below:

Apprenticeship Program name \_\_\_\_\_

Program contact (name with phone and e-mail) \_\_\_\_\_

Program address \_\_\_\_\_

Program occupation \_\_\_\_\_

List the courses that the institution offers to the Registered Apprenticeship program \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do these courses count towards an Associate's or Bachelor's degree? Yes \_\_\_\_\_ No \_\_\_\_\_

**Articulation Agreement with Registered Apprenticeship:** yes \_\_\_\_\_ no \_\_\_\_\_

(Additional fields are provided if the applicant has more than one articulation agreement)

If yes, what occupations (list) \_\_\_\_\_

\_\_\_\_\_

If yes, please complete the information about each Registered Apprenticeship sponsor

Apprenticeship program name \_\_\_\_\_

Program contact (name with phone and e-mail) \_\_\_\_\_

Program address \_\_\_\_\_

Program occupation \_\_\_\_\_

How many credits do you articulate to college credit for completing a Registered Apprenticeship certificate? \_\_\_\_\_

**In the context of Registered Apprenticeship, do you articulate any credentials or industry certificates towards college credit? (Only include credentials that are part of Registered Apprenticeship.)** Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, what credentials or certificates and how much credit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Do you award college credit to apprentices who do not complete the Registered Apprenticeship program?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Case by case basis \_\_\_\_\_

### UNDERGRADUATE ADMISSIONS/PLACEMENT TESTS

What undergraduate admissions/placement tests, if any, are required by your institution for apprentices seeking a degree?

\_\_\_\_ SAT \_\_\_\_ ACT \_\_\_\_ ACCUPLACER \_\_\_\_ ASSET \_\_\_\_ COMPASS \_\_\_\_ CPA \_\_\_\_ TABE

\_\_\_\_ no tests required

Other (a particular test may be required for a course but not for admission to the institution)

\_\_\_\_\_  
Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NON-TRADITIONAL CREDIT INFORMATION**

**Maximum credit institution will award for nationally-recognized credit-by-examination programs (CLEP, DSST, ECE, etc.):**

\_\_\_\_\_ No maximum or \_\_\_\_\_ percent of credits required for degree program or \_\_\_\_\_ credit hours or Other, explain \_\_\_\_\_

**Maximum credit institution will award for all forms of non-traditional learning (including exam programs above):**

\_\_\_\_\_ No maximum or \_\_\_\_\_ percent of credits required for degree program or \_\_\_\_\_ credit hours

Or, Other, explain \_\_\_\_\_

**Examinations**—Circle Appropriate Response. Unanswered items will default to NONE.

From the following sources, the institution **Awards Credit For:**

CLEP Examinations	ALL	SOME	NONE	NO SET POLICY
DSST Examinations	ALL	SOME	NONE	NO SET POLICY
Excelsior College Examinations (ECE)	ALL	SOME	NONE	NO SET POLICY
College Board Advanced Placement Exams	ALL	SOME	NONE	NO SET POLICY
Professional Certification Exams in ACE's National Guide to College Credit for Workforce Training	ALL	SOME	NONE	NO SET POLICY

**Other Training and Experience**—Circle Appropriate Responses. Unanswered items will default to NONE.

From the following sources, institution will **Award Credit For:**

Training courses in ACE's National Guide to College Credit for Workforce Training	ALL	SOME	NONE	NO SET POLICY
Experiential learning (portfolio method)	ALL	SOME	NONE	NO SET POLICY

**POINTS-OF-CONTACT**

**RACC Institutional Representative**

This policy-level administrator is responsible for implementing and overseeing the institution's compliance with the RACC Consortium Principles and Criteria:

Name \_\_\_\_\_

Address \_\_\_\_\_

(If other than institution's) \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

This point-of-contact is involved in the operation of the Registered Apprenticeship program and/or delivery of services to apprentices and journey workers (those who have completed a Registered Apprenticeship program) as school certifying official (could include official from Registrar's Office, Admissions, Program Office, etc.).

Name \_\_\_\_\_

Position \_\_\_\_\_

Address (please include city, state, zip)

\_\_\_\_\_

(If other than institution's) \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**(The RACC framework will be on the Pathways to Success homepage).**

**AFFIRMATION OF COMPLIANCE WITH RACC PRINCIPLES AND CRITERIA**

This application has been reviewed and authorized by the institution's President or Chancellor. The institution agrees that it or its designated subdivisions will comply with the 2011-2013 RACC Principles and Criteria.

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Signature of President, Chancellor, or other senior administrator authorized by President or Chancellor to make this commitment and date

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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Public reporting burden for this collection of information, which is voluntary, is estimated to average 10 minutes per articulation agreement, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship, Room N-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0512).

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