

**CORRESPONDENCE STUDY REQUEST**

Name:       DOC number:

Last, First, MI

Facility:       Custody level:       ERD:       NRD:

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| **EDUCATION HISTORY** |

High school diploma  Yes  No Name of school:

GED  Yes  No Location tested:

Goal:

How is the educational/vocational goal related to your release plan?

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| **CORRESPONDENCE PROGRAM INFORMATION** |

Program title:

Program type:  Certificate  Associate degree  Bachelor’s degree  Graduate degree

College or university:

Street address:

City:       State:       Zip code:

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| **PROGRAM PAYMENT PLAN** |

How will payment be made?

From my facility account

By family member or approved third-party paying college directly

By family member or approved third-party putting money into my education subaccount (no deductions)

The Department is not responsible for the cost of this program in the event I am transferred to another facility or placed in a unit where correspondence programs are not allowed. I authorize the Department to withdraw funds from my account to pay for the cost of tuition, books, and supplies.

Signature Date

Student name:

Last, First, MI

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| **CASE MANAGER PRE-APPROVAL** |

Verified high school diploma or GED (Electronic file)  Yes  No

Correspondence program relates to the release plan  Yes  No

Program will fit into the individual’s time structure  Yes  No

The proposed correspondence program is not a security threat  Yes  No

Proposed correspondence education provider is accredited  Yes  No

Case manager Signature Date

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| **EDUCATION SERVICES ADMINISTRATOR/DESIGNEE PRE-APPROVAL** |

Education Services Administrator/designee verification of program eligibility and education department’s supports available:

Facility resources that will be needed to support the correspondence education program:

Needed Education Dept. able to provide

Computer lab access  Yes  No  Yes  No

Test proctoring  Yes  No  Yes  No

Other:        Yes  No  Yes  No

Approved  Denied Reason:

Education Services Administrator/designee Signature Date

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| **CASE MANAGER FINAL APPROVAL** |

DOC 20-309 Correspondence Education College Provider/Student Agreement received  Yes  No

Facility resources are sufficient to support the education program  Yes  No

All textbooks and other required educational materials are approved  Yes  No

Individual has sufficient funding to cover all educational expenses  Yes  No

Payment will be deducted from:

Facility account

Education subaccount

Family or approved third-party paying provider directly

Approved  Denied Reason:

Case manager Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

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