

**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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