



Program Continuation of Training Voucher Attachment – WIOA Title I

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 began 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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