



200 Technology Way, Suite 1162, College Station, TX 77845-3424

PLEASE RETURN AS AN E-MAIL ATTACHMENT TO TFS EXTERNAL TRAINING

ext.training@tfs.tamu.edu

Training Approval Worksheet

TFS guidelines requires this form be completed and submitted to the training section for approval, at least thirty (30) days prior to the commencement of training, in order for document preparation and materials order/delivery

Course Information: Course ID / Title: [ ] Single Customer [ ] Open Enrollment

Certifying / Qualifying authority: [ ] NWCG [ ] TIFMAS [ ] TCFP\*\* [ ] SFFMA [ ] Other : \*\* TCFP approved training requires additional documentation as well as pre-approval from TCFP. Please allow extra time to setup.

Classroom Location(s): Practical Performance Training Location(s): If same as Classroom, leave blank.

Course Schedule: PLEASE ATTACH A COURSE SCHEDULE AS NEEDED. Table with columns: Course Start Date, Course End Date, Class Start Time(s), Class End Time(s), # Days, # Nights, Total Hrs.

Lead Instructor: Name, Agency/Organization, Instructor Qualification, Office Phone #, Mobile #, E-mail, Materials Shipping Address, City, State, Zip

Unit Instructor 1: Name, Agency/Organization, Instructor Qualification

Unit Instructor 2: Name, Agency/Organization, Instructor Qualification

Unit Instructor 3: Name, Agency/Organization, Instructor Qualification

Unit Instructor 4: Name, Agency/Organization, Instructor Qualification

Unit Instructor 5: Name, Agency/Organization, Instructor Qualification



# TRAINING APPROVAL WORKSHEET

<b>Class Information:</b>	*Unless otherwise requested, if you indicate you need materials you will be shipped student materials as indicated for your class.		
	<b># Students</b>	<b>Materials Needed*</b>	
For open enrollment list max/min.	Max / Min	[ ] Yes [ ] No	

<b>Additional Information</b>	
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<b>Customer Information:</b>	Agency/Organization
	Title: _____ Name: _____

<b>Customer Point of Contact:</b>	Phone #: _____	Mobile #: _____	E-mail _____
Mailing	Address: _____	City: _____	State: _____ Zip: _____
Shipping	Address _____	City: _____	State: _____ Zip: _____

<b>Customer Signatory:</b>	Title: _____	Name: _____
	Phone #: _____	Mobile #: _____ E-mail _____
Mailing	Address: _____	City: _____ State: _____ Zip: _____

**Lead Instructor Authorization**

I, \_\_\_\_\_ am \_\_\_\_\_ for  
Lead instructor's Supervisor Rank/Assignment

\_\_\_\_\_, and hereby recognize \_\_\_\_\_  
Agency/Organization Lead Instructor

as a paid, full-time employee representing my agency/organization during the delivery of the class(s) identified in this training application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
X \_\_\_\_\_

**NOTICE:** This quote will be provided to the host organization based on the information shown above. Student seats surplus to the host organization may be filled at the discretion of the host. A cost recovery tuition may be charged by the host in the amount of the total individual student cost plus any reasonable cost directly associated with the expense of hosting the class. This additional cost may include prorated facilities and/or logistics expenses.

**TFS DELIVERED COURSE STUDENT SEATS ARE NOT TO BE SOLD FOR PROFIT.**

Doing so may result in the loss of TFS Tuition Assistance Grants Program participation for up to two years.

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