



Workforce Investment Act Eligible Training Program

Provider Name: URI COLLEGE OF CONTINUING EDUCATION

Contract #: 5050-35

Address: 80 Washington Street
Providence, RI 02903

Address if program is held at a another site:

Program Name: DESIGN FOR PRINT CERTIFICATION

Office use only: ONET CODE 27-1014

| CONTACT INFORMATION | | | |
|-------------------------|--------|--|---|
| Program Contact Person: | Phone: | 401-277-5050 | Fax: 401-277-5060 |
| John O'Leary | Email: | joleary@mail.uri.edu | Website: www.uri.edu/prov |

| Course Outline/Topics to be Covered |
|---|
| <ul style="list-style-type: none"> • Design and produce print media • Techniques of layout / design • Applying custom graphics • File management • Color control • Image resolution • Type selection and formatting • Delivery of print-ready files • Use of type, color, and images • Utilizing principles of print design |

| Required academic grade levels to enter program |
|---|
| Reading Grade Level <u>N/A</u> |
| Math Grade Level <u>N/A</u> |
| English Proficiency <u>N/A</u> |

| Required to enter training program | | |
|------------------------------------|------------------------------|--|
| Physical | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Vaccinations | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Drug test | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| BCI | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| License | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Tools | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Experience | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Other : | | |

| MAY be required for employment | | |
|--------------------------------|------------------------------|--|
| Physical | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Vaccinations | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Drug test | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| BCI | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Certification | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| License | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Tools | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Experience | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Other : | | |

| Participants will be qualified to seek employment in the following occupations: |
|---|
| 1) <u>Graphic Design</u> |
| 2) <u>Multi-Media Art and Animation</u> |
| 3) _____ |
| 4) _____ |

| | | |
|--------------------------------------|------------------------------|--|
| Is this program Pell grant eligible? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|--------------------------------------|------------------------------|--|

PROGRAM COSTS:

| TUITION INCLUDES: | |
|----------------------------|-------------------|
| Tuition | \$3,600.00 |
| Fees | \$600.00 |
| Books | |
| Licensing | |
| Certificate fees | |
| Other, provide explanation | |
| Total Tuition Cost | \$4,200.00 |

| These are expenses that <u>MAY</u> be reimbursed after successful completion of training. | | | |
|---|------------------------------|--|---------------|
| Please indicate Yes, No or enter the amount | | | |
| | YES | NO | AMOUNT |
| Books | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Licensing | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Tools | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Uniforms | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Travel | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Miscellaneous | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Total | | | \$0.00 |

| Participant is responsible for : | |
|---|---------------|
| Prerequisites | |
| Memberships | |
| | |
| | |
| Cost above tuition cap | \$0.00 |
| Expenses that <u>MAY</u> be reimbursed | \$0.00 |
| Total | \$0.00 |

| |
|---|
| Maximum ITA Responsibility (Max. \$5500) |
| \$4,200.00 |

| PROGRAM LENGTH | 48 WEEKS |
|------------------------|------------------|
| Weeks and Hours | 144 HOURS |
| and | |
| Additional Information | |

What type of certificate will be awarded and by whom?

Design for Print Certificate (URI)