MyCAA Education & Training Plan (ETP)

Louisiana State University Shreveport
Division of Continuing Education and Public Service
One University Place | Shreveport, LA 71115-2399
https://www.ce.lsus.edu/

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Student Name:	Enter student name
Cabaal laguad Chudant ID.	N/A
School Issued Student ID:	N/A
Program Name:	Entrepreneurship Certificate Program with Externship
Program Type:	Certificate
Program Duration:	6 Months
Scheduled Start Date:	Enter program start date
Estimated Completion Date:	Enter program end date
Course Delivery Format	Online

Program Overview:

Entrepreneurs are the lifeblood of American business, turning great ideas and services into successful businesses every day. But starting a business and growing it to a successful enterprise requires more than just a good idea – owning your own business requires an adaptive, flexible, and well-rounded skill-set that will ensure you're prepared to navigate through a multitude of business issues. In short, successful entrepreneurs wear every hat in their business – they're effective managers and savvy negotiators all paired with an unmatched work ethic. This program pulls together all of the education and skills necessary for success in starting your own business or just cultivating that entrepreneurial spirit necessary to start a new division in your current role working for another company.

Certification/Licensure Eligibility upon Program Completion:

Students should have or be pursuing a high school diploma or GED.

- There are no state approval and/or state requirements associated with this program.
- There are several National Certification exams that are available to students who successfully complete this program:
- ☐ Microsoft Office Specialist (MOS) Certification Exam.

Tuition Cost:

Course Breakdown:		
		Course Credits (if
Course/Program Code	Course/Program Title	applicable)
LSUS-B-ENPR	Entrepreneurship Certificate Program with Externship	375 Contact Hours/ 37.5 CEU's
School Official Certificati By my signature below, I certinamed in this document.		te, complete, and being submitted on behalf of the institution
Signature/Title of Authorize	d School Official	Date

School Official E-mail and Phone Number

School Official Printed First and Last Name