

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/>

Student Information:

Student Name:	<u>Enter student name</u>
School Issued Student ID:	<u>N/A</u>
Program Name:	<u>Successful Student Certificate Program with Externship</u>
Program Type:	<u>Certificate</u>
Program Duration:	<u>6 months</u>
Scheduled Start Date:	<u>Enter program start date</u>
Estimated Completion Date:	<u>Enter program end date</u>
Course Delivery Format	<u>Online</u>

Program Overview:

This program provides students with the information and skills they need to succeed in their studies, including setting academic goals, managing time and financial resources to meet those goals, and developing an awareness of how they learn. Students also build thinking, listening, reading, study skills, note-taking, test-taking, and information literacy skills. The program also includes discussions on stress management and career development. Throughout, students will apply critical thinking skills to solve problems and evaluate situations. The skills students learn from this program will be essential to student success not only in the academic context, but will also carry over to any professional undertakings thereafter.

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 is a National Certification exam available to students who successfully complete this program:

☐ Microsoft Office Specialist (MOS) Certification Exam.

Tuition Cost:

\$3,799

Course Breakdown:

Course/Program Code	Course/Program Title	Course Credits (if applicable)
LSUS-A-STDT	Successful Student Certificate Program with Externship	375 Contact Hours/ 37.5 CEU's

School Official Certification:

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

Signature/Title of Authorized School Official

Date

School Official Printed First and Last Name

School Official E-mail and Phone Number