

CCTCMIS

Adult Education T1E/T2B Load Date Submission Certification Form

IMPORTANT: This form must be signed by the President or by an authorized designee. Anyone signing as an authorized designee must be listed on the Authorized Signature Form that is on file.

Return the signed and scanned form to CCTCMIS via TIBCO using the file naming convention CCxx.AEP.CERTIFY.yyyy.PROD.pdf where xx is the college number and yyyy is the reporting year (e.g., College 01 would submit the file using the name CC01.AEP.CERTIFY.2020.PROD.pdf for the 2019-20 reporting year).

IMPORTANT: If the filename is not in accordance with the above naming convention, it will be rejected.

College Name (Enter full college name) Reporting Year (e.g. 2019-20)			
the verification repo	rts produce ion of the c	d by CCTCMIS an ollege's adult ed	rtifies that their submitted data, as represented within ad reviewed by the college, provides a complete and lucation student activity to the best of their knowledge,
Student			
Summer (T1E)	YES	NO	
Fall (T2B)	YES	NO	
Facilities	YES	NO	
Personnel	YES	NO	
Integrated	YES	NO	
Approver			Approver's Title
Approver's Signature			Date Signed
Submitter			Submitter's Phone Number

Explanation

(Enter any necessary explanations below. Provide specific details.)