

**PROGRAMS OF STUDY
INFORMATION FORM**

PART ONE:

CHOOSE YOUR DOMAIN NAME (*example – greatriver.mnpos OR gr.mnpos*) _____

INFORMATION NEEDED

CONSORTIUM NAME: _____

CONSORTIUM P.O.S. ADMINISTRATOR: _____

EMAIL: _____ PHONE: _____

A login and password will be assigned to you.

PART TWO:

The linkage to Programs of Study will be through the consortia. So, in the coming weeks we will be building a search function for users in cities and schools.

We already have a list of communities tied to each consortium. However for large districts we need one more breakdown. If you have multiple high school buildings in one school district please list all below:

PART THREE:

- *Please return this form today **or** mail to Sandy Fabian, SCTC, 1540 Northway Drive, St. Cloud, MN 56303 **or** access a pdf at www.techprepmn.com, click on consortium forms/great river/pos information form **or** email pos@sctc.edu and ask for the form, then return it electronically.*
- *Your access information will be developed and emailed to the Consortium P.O.S. Administrator designated above.*