

TRAVEL PROGRAM ENDORSEMENT EVALUATION APPLICATION

NAME OF EDUCATIONAL INSTITUTION: _____

CAMPUS: _____ NAME OF PROGRAM: _____

EFFECTIVE DATE OF ENDORSEMENT REQUESTED: _____

LEVEL OF ENDORSEMENT REQUESTED: _____

To remain current on the format and effectiveness of your Travel Program, we respectfully request that the following information be provided. Please note that the CITC office requires written notification of any changes to this information.

MAILING ADDRESS: _____

NAME OF DEAN: _____

NAME OF TRAVEL DIRECTOR: _____

and/or COORDINATOR: _____

CONTACT INFORMATION:	DEAN	TRAVEL COORDINATOR
TEL #	_____	_____
FAX #	_____	_____
EMAIL	_____	_____

WEBSITE ADDRESS: _____

I declare that the information contained in this endorsement application is correct and the details on the following pages have been completed as requested:

Dean

Travel Director/Coordinator

Dated at _____ this _____ day of _____ 20____
LOCATION DAY OF MONTH MONTH YEAR

Please complete this form in as much detail as possible. Evaluation of your travel program is based on the information you provide, as well as information from outside sources such as the travel agency community, the regional councils of ACTA and CITC, and graduates of your travel program.

CITC is concerned with three aspects of your travel program. CITC will examine the credentials of the faculty, adherence to the teaching objectives outlined in the Core Curriculum and the participation of students in the Knowledge Examination, along with the students' pass/fail rate on this examination.

PART A GENERAL INFORMATION

1. SCHOOL INFORMATION

1.a) This school has been teaching this travel program for:

- (a) minimum of one year or two graduating classes (whichever is greater, please indicate) _____
- (b) three years _____
- (c) four years _____
- (d) five years or longer _____

1.b) This school has also been teaching the following travel course(s) for:

<u>Name of Course</u>	<u>Length of Time</u>
_____	_____
_____	_____
_____	_____

1.c) Has your institution previously applied for travel program endorsement?

Yes: _____ Date if known: _____ No: _____

Company Name: _____

2.b) Biographical Information

Attach current résumés for all faculty teaching 25% or more of the program curriculum.

2.c) Professional Information

Specify details of professional designations for each faculty teaching the travel program, full or part-time, for which evaluation has been requested.

(Attach proof of non CITC professional designations.)

<u>Name</u>	<u>Designation</u>	<u>Year Bestowed</u>	<u>Province</u>	<u>Member #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2.c) Have any of the instructional staff attended the CITC Educator's Update Conference in the preceding 2 years? If so, who: _____

PART B CURRICULUM INFORMATION

1. Indicate total number of in-class teaching hours for the travel program (if more than one travel program taught, or if more than one location, provide only those hours for the location applying for Endorsement). You must apply separately for each location of a travel program.

of in-class teaching hours _____

2. **Indicate class hours**
(eg. 9-11:30AM, 12:30-4PM) _____

3. **Attach a brief course description indicating learning outcomes and number of teaching hours for each module of the course along with a program brochure and student timetable.**

4. Is the school using any CITC textbooks for instructional purposes? (please check)

- Accessible Transportation
- Airline Tariff & Ticketing
- Essential Sales Skills
- Professional Travel Counselling

5. Specify here in detail if there are any additional subjects in your travel program that are not outlined in the core curriculum subjects

Additional Subjects Taught

Of Classroom Hours

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PART C WORKPLACE REFERENCES

Provide contact details for 2-3 employers who have hired graduates from your travel program in the preceding two years.

	1	2	3
Agency Name			
Contact Person			
Agency Address			
Agency tel/email			
Date of employment or practicum			

**** In the event you have no recent graduates hired by travel agencies – please provide contacts for practicum placements.***

If this is a new program starting up please indicate if there are any local travel agency employees on your advisory board.

PART D STUDENT GRADUATION INFORMATION

Complete the following information for EACH travel class graduation **to a maximum of three of the most recently completed years.**

Space has been provided for six graduating classes. Only indicate figures for a maximum of three of the most recent **years**. (For example, a travel program that has three graduating classes in a three year period need only indicate those classes.)

	<u>CLASS #1</u>	<u>CLASS #2</u>	<u>CLASS #3</u>
(a) Date course commenced	_____	_____	_____
(b) Date course completed	_____	_____	_____
(c) Number of students who graduated from the course	_____	_____	_____
	<u>CLASS #4</u>	<u>CLASS #5</u>	<u>CLASS #6</u>
(a) Date course commenced	_____	_____	_____
(b) Date course completed	_____	_____	_____
(c) Number of students who graduated from the course	_____	_____	_____

PART E ACKNOWLEDGEMENT OF ENDORSEMENT LEVEL

I hereby acknowledge, on behalf of the school applying for CITC Travel Program Endorsement, that the Endorsement is only granted for the Travel Counsellor Program applied for and will expire two years from the effective date requested on the application form, and is revocable by CITC at any time. I have read and fully understand the "Criteria For Travel Program Endorsement".

Signature

Name (Print)

Title

Date

PART F EVALUATION FEE

Attached is the payment for the Evaluation fee \$ 450 + applicable tax
GST incl. = \$ 472.50 HST incl. = \$ 508.50

Cheque payable to CITC

Credit Card payment VISA Mastercard AMEX

Card # _____ Expiry Date ____ / ____

Name on the card _____
(please print)

Signature _____