

## National Council on Qualifications for the Lighting Professions

## **Intern LC Program Application**

Attach a copy of the program syllabus or course offerings that prepare students to sit for the four-hour written LC examination.

Name of Institution:					-
Address:					-
					-
					-
Website:					-
Number of students in	Lighting Program:				
Number of years provide	ling lighting education:				
Faculty Liaison:					-
Title:					-
Address:					-
					-
					-
Phone:	Fax:	E-mail:			
Comments:					
Intern LC Program L	etter of Agreement				
Whereas				_	
has applied and been ac Lighting Professions (N		ne Intern LC Program	sponsored by the N	ational Council on	Qualifications for the
Participating colleges a	nd universities agree to	:			
Complete the full appli	cation for the Intern LC	Program including a	description of their	lighting program.	
Appoint a faculty liaison	n.				
	commend students to sit ses prior to sitting for th		on based on their sa	tisfactory performa	ance in 12 credit hours of
Accepted this	day of		20		
Faculty Liaison:					
Title:			<del></del>		
NCQLP Approved Sig	nature:	Da	ate:		