



CCTCMIS

FTE Enrollment Estimate Certification Form

IMPORTANT: This form must be signed by the President, or by an authorized designee, and the Business Officer. 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.FTE#.CERTIFY.yyyy.PROD.pdf** where # is the FTE period, xx is the college number, and yyyy is the reporting year (e.g., College 1 would submit the certification using the name CC01.FTE1.CERTIFY.2018.PROD.pdf for FTE-1 of the 2017-18 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., 2017-18)

Estimate	FTE-1	FTE-2
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By signing below the above named institution certifies that their submitted data and justifications are true and accurate to the best of their knowledge, with any exceptions explained on the next page.

Adjustments to the FTE enrollment estimates provided by CCTCMIS have been submitted. All narratives to justify the adjustments are attached to the submission form.

The FTE enrollment estimates provided by CCTCMIS have been reviewed and these estimates are in-line with the college's estimates. No adjustments are needed. The narrative to justify accepting CCTCMIS estimates is attached.

Other (See explanation on the next page):

President

Business Officer

President's Signature

Business Officer's Signature

Date Signed

Date Signed

Submitter

Submitter's Phone Number

Explanation

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