MyCAA Education & Training Plan (ETP)

The University of Texas at El Paso Professional and Public Programs 101 W. Robinson Ave, Memorial Gym; Rm. 111 El Paso, TX 79968 915-747-7578

http://www.ppp.utep.edu/

Student Information:	
Student Name:	
School Issued Student ID:	N/A
Program Name:	Photography Entrepreneur Specialist Certificate Program with Externship C.14.81
Program Type:	Certificate
Program Duration:	6 Months
Scheduled Start Date:	
Estimated Completion Date:	
Course Delivery Format	Online

Program Overview:

Photographer entrepreneurs start their own photography businesses. Often they work within a specialized niche or group of niches and market their services to specific target markets. In addition to having photography knowledge and skills, the Photography Entrepreneur with Adobe must also acquire business savvy, including how to establish a legal form of the business, how to write a business plan, how to brand and market the business, and how to use the numerous types of contracts required to comply with copyright and other types of photography-related laws. This course covers the basics of becoming a photographer, setting up a photography business and developing retouching and artistic skills that enhance your images using Adobe Photoshop.

Certification/Licensure Eligibility upon Program Completion:

Students should have or be pursuing a high school diploma or GED.

There are no state approval and/or state requirements associated with this program.

There is a National Certification exam available to students who successfully complete this program:

- Microsoft Office Specialist (MOS) Certification Exam.

Tuition Cost:

\$3.850

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Enter each course or block of study in the table below for which MyCAA financial assistance is being requested. Insert additional rows as needed to accommodate all required coursework.

Course/Program Code	Course/Program Title	Course Credits (if applicable)
UTEP-PE	Photography Entrepreneur Specialist Certificate Program with Externship	480 Contact Hours/ 48 CEU's
School Official Certifica	_	
By my signature below, I ce named in this document.	rtify the above information is true, accurat	te, complete, and being submitted on behalf of the institution
Signature/Title of Authorized School Official		Date
School Official Printed First and Last Name		School Official E-mail and Phone Number