

# MyCAA Education & Training Plan (ETP)

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Texas A&M International University  
Office of Continuing Education  
5201 University Boulevard | Laredo, TX 78041  
<https://tamiu.edu2.com/>

## Student Information:

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Student Name:	_____
School Issued Student ID:	N/A
Program Name:	Photography Professional Specialist Certificate Program with Externship
Program Type:	Certificate
Program Duration:	6 months
Scheduled Start Date:	_____
Estimated Completion Date:	_____
Course Delivery Format	Online

## Program Overview:

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The photography industry is expected to grow 3 percent from 2014 to 2024. The photography entrepreneur can use their great communication skills, excellent eye for detail and technical expertise to help their business advance. The photography entrepreneur can expect to obtain clients in their own town, however, willingness to travel makes way for more opportunity and a larger clientele. Photography Entrepreneurs require a variety of business and communication skills over and above the artistic skills of a photographer. Opportunities will continue to grow for Photography Entrepreneurs as they continue to sharpen their business skills with marketing, sales and advertising in order to land more projects from weddings and special events, to portraits and specialty shoots.

## Certification/Licensure Eligibility upon Program Completion:

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Photography Entrepreneur Specialist Certificate Program candidates should have or be pursuing a high school diploma or GED. National Certification Available: Students who complete this comprehensive course would be prepared to sit for the Microsoft Office Specialist (MOS) Certification Exam.

## Tuition Cost:

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\$3,850

**Course Breakdown:**

<b>Course/Program Code</b>	<b>Course/Program Title</b>	<b>Course Credits (if applicable)</b>
TAMIU-PPS	Photography Professional Specialist Certificate Program	375 Contact Hours / 37.5 CEU's

**School Official Certification:**

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

\_\_\_\_\_  
**Signature/Title of Authorized School Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Official Printed First and Last Name**

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**School Official E-mail and Phone Number**