

**Mr. Appliance Academy
Training Plan**

To be completed by the Supervisor/Employer, signed by the Student/Tech

Student/Technician name: _____ **Date:** _____

MRA Academy Account info*

Username: _____

Password: _____

email address: _____

Bundle that tech is enrolled in: 1 2 3 (circle one)

Supervisor: _____

GOALS

Master Certification? (only available for Bundle 1 students) **yes/no** (circle one)
[this requires minimum 90% score on EACH quiz and exam]

Goal for completion (date): _____

Goal for time spent on the courses each week: _____

Any other goals or incentives: _____

If the student/tech is going to use the Mr. Appliance Academy Tech Progress Sheet to record his/her progress, how often/when should they submit that sheet for review? _____

*The supervisor will periodically log in to the student's account to check on progress. If the student changes their password, they must immediately give the new one to the supervisor.

Signature of technician acknowledging and agreeing to this plan:

Date: _____