**District of Columbia**

**Higher Education Licensure Commission**

**APPLICATION FOR PROGRAM AMENDMENT**

Pursuant to District of Columbia Municipal Regulations 8123 and 8010.1, an institution licensed by the Higher Education Licensure Commission shall submit an Application for Program Amendment if it proposes to offer a new degree or program of study, modify an existing approval or delete an approved program of study. One (1) copy of the request should be submitted along with one (1) electronic version via travel drive (additional copies may be required). The content (forms, documents, responses, publications) must be in a three ring notebook/binder.

1. The notebook/binder must have a table of contents.
2. The notebook/binder must be divided into the sections consistent with parts I and II of this application form.
3. Each section must be clearly marked with tabs/indices. Please avoid using the tabs that require inserts.
4. All pages must be numbered.

A check or money order payable to the DC Treasurer must also be submitted with the application as follows: $300 per program change, $300 per program modification, $300 flat for program deletion(s) and delivered to:

Higher Education Licensure Commission

1050 First Street, NE – 5th Floor

Washington, DC 20002

The review and approval process takes 60-90 days depending on the timeframe the request is submitted as well as the completeness of the submission. Requests for Program Amendment are acted on during public meetings of the Commission.

All the resources required to operate an educational institution (such as facilities, equipment, etc.) must be acquired **before** submitting the application to the HELC office. An institution cannot begin operations or advertising a new program until the Commission has approved the request.



**Application for Program Amendment**

**PART I-** General Information

**Name of Institution:** Click here to enter text.

**Point of Contact** (for this application)

Name and title: Click here to enter text.

E-mail:Click here to enter text.DirectPhone:Click here to enter text.

Name of Chief Executive *(if different)*: Click here to enter text.

**Type of Amendment Requested:**

New Program (complete section A) Modification of Approved Program (complete section B)

Program Deletion (complete section C)

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| **A. NEW PROGRAM REQUEST** |

**New Proposed Program Narrative**

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| 1. Describe rationale for offering the new program(s). |
| Click here to enter text. |

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| 1. Describe anticipated student learning outcomes. Include a statement demonstrating how the new proposed program (s) is consistent with the overall objectives of the institution. |
| Click here to enter text. |

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| 1. Describe market/employment demand for the proposed program(s). Include possible position titles for which graduates would qualify, employment projections from the Bureau of Labor Statistics, and employment projections from DC industry and occupational projections. |
| Click here to enter text. |

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| **GOVERNANCE**  Is the institution accredited?YES NO If yes – List Accrediting Body: Click here to enter text.  Has the institution’s accreditor(s) been notified of the proposed new program? YES NO  **Required Attachments**   * Evidence of accreditation in good standing |
| **FACULTY**  Provide evidence that faculty shall have academic and teaching qualifications appropriate to their positions.  **Required Attachments**   * ***Instructor Qualification Form*** for faculty involved with the new program (see part II) * Resumes and copies of all applicable degrees, licenses and certifications of faculty |
| **FINANCES**  Provide a description of financial resources that will support the new program.  **Required Attachments:**   * Operational Budget * ***Surety Bond*** (see part II) |
| **CURRICULUM/INSTRUCTIONAL PROGRAM**  Provide evidence that the curricula and programs of study provide sequences of subjects leading to competence appropriate to each level of study and the requirements for degrees and certificates are clearly delineated.  **Required Attachments:**   * For each new proposed program complete and attach an ***New Program*** ***Academic Credit Analysis*** form along with course descriptions (see part II) * An outline of curriculum and syllabi for each course in the program * Copies of agreements between institution and clinical sites (only required if new programs require students to complete internships/externships/clinical experiences) * If certification by exam or license is required in the field, provide evidence that the institution is authorized by the state or certifying corporation. Additionally, provide evidence that the program conforms to state, federal, trade standards of training for the occupational field; |
| **ADMISSIONS**  Provide a description of admission requirements and pre-requisites for the new program. |
| **LIBRARY**  Provide evidence of adequate resource and instructional materials for the needs of the new program. |
| **PHYSICAL PLANT & EQUIPMENT**  Provide a description of changes to the physical plant and evidence that all equipment needed for the new program is in good working order.  **Required Attachments:**   * List all new equipment   Note: A change of location requires the submission and approval of an *Application for New Location* |
| **SCHOOL CATALOG**  **Required Attachments:**   * Current School Catalog and completed ***Catalog Checklist***(see part II) |

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| **B. PROGRAM MODIFICATION** |

**Type of Modification Requested:** *(CHECK ALL THAT APPLY)*

Program Name  Delivery Method Program Length Program Costs Add/Remove Courses

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| --- | --- | --- |
| **Will the modification of the existing program change the:** | **Yes / No** | **If yes, describe change:** |
| Title of Program | Y N |  |
| Program Objectives | Y N |  |
| Graduation Requirements | Y N |  |
| Credential or Certificate Earned | Y N |  |
| Entrance Requirements | Y N |  |
| Sequence of course/training components | Y N |  |
| Total number of clock hours | Y N |  |
| Length and/or content of any of the courses or training components | Y N |  |
| Externship components | Y N |  |
| Total enrollment | Y N |  |
| Student/Faculty ratio | Y N |  |
| Tuition, fees and/or other charges | Y N |  |
| Policies pertaining to attendance and/or satisfactory academic progress | Y N |  |

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| 1. Describe rationale for the modification. |
| Click here to enter text. |

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| 1. Describe how the program modifications, if approved, will be implemented. |
| Click here to enter text. |

**Required Attachments:**

* Current School Catalog and completed ***Catalog Checklist***(see part II)
* For each new modification to an approved program complete and attach an ***Program Modification*** ***Academic Credit Analysis*** form along with course descriptions (see part II)

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| **C. PROGRAM DELETION** |

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| **Name of Program** | **Reason for Deletion** | **Date Effective** |
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**Certification** (must be signed by the Chief Administrator of the entity)

*“I hereby affirm that the answers given in this application are true and accurate and complete. I understand that false information on this application may result in revocation and penalties. Further, I am authorized to sign this application on behalf of the entity named herein. I have read, and agree to comply with the District of Columbia’s laws and regulations governing corporations and educational entities regulated by the District of Columbia Higher Education Licensure Commission.”*

Click here to enter text.

Type name and title Signature Date

**APPLICATION FOR**

**PROGRAM AMENDMENT**

**POST-SECONDARY INSTITUTION LICENSE**

**PART II - FORMS**

|  |  |
| --- | --- |
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**STUDENT CATALOG CHECKLIST**

*Place completed form in the section on Catalog*

|  |  |  |
| --- | --- | --- |
| **GENERAL INFORMATION** | **PAGE(S)** | **HELC check** |
| The school name as it appears on the application for certification. |  |  |
| Date of publication, volume number or other identifying data. |  |  |
| School’s complete street and/or mailing address, office and fax telephone numbers in its DC location, website address. |  |  |
| A statement that the school is approved to operate by the Higher Education Licensure Commission. |  |  |
| A table of contents, an index, or both. |  |  |
| The name and address of the school’s accrediting body, if applicable. |  |  |
| The name and address of professional organizations related to the programs of study offered by the school with which the school has membership or other relationship, if applicable. |  |  |
| School’s mission statement and/or philosophy. |  |  |
| School’s purpose including a statement of the relative degree of emphasis on instruction, research and public service. |  |  |
| A statement demonstrating that the school’s proposed program offerings are consistent with its stated purpose. |  |  |
| A statement regarding the history and development of the school. |  |  |
| A description of the school’s facilities and equipment. |  |  |
| Information about the school’s library and all other additional academic resources. |  |  |
| A listing of all programs offered by the school and official name of the credential conferred. |  |  |
| A description of the school’s activities including telecommunications activities away from it principal/main location. |  |  |
| A listing of all campuses in DC at which the school will offer courses. |  |  |
| The school’s hours of operation. |  |  |
| A calendar of the school, showing beginning and ending dates for each school year, semester, quarter, term and/or sessions, vacation periods, and holidays observed by the school. |  |  |
| If the institution’s main campus/corporate office is in another state, the following information must be disclosed about the school’s main campus/corporate office: (1) A statement that the school’s governing body has approved each course/degree/diploma or certificate program offered in DC, (2) the name of the appropriate state agency in the main campus/corporation office location, if any, that has granted the necessary approval to offer course/degree/diploma or certificate program in DC, and (3) and a statement that that credits and/or coursework earned at the DC location can be transferred to location(s) outside of DC as part of an existing degree, diploma, or certificate program offered by the school. |  |  |
| A statement regarding the availability of the Student Right-To-Know and Campus Security Act information. |  |  |
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| **ADMISSIONS AND ENTRANCE REQUIREMENTS** | **PAGE(S)** | **HELC check** |
| A description of the school’s admission policies and entrance requirements. |  |  |
| Additional entrance requirements for specific programs, if applicable. |  |  |
| Application deadlines for the enrollment periods covered by the catalog publication dates, if applicable. |  |  |
| A statement describing how a student is accepted and notified of acceptance. |  |  |
| Conditions of provisional acceptance and the necessary requirements to satisfy the conditions and the deadline for determination of full acceptance as of the terms of the school’s admissions policy. |  |  |
| The criteria for transfer credit accepted by the school, if applicable OR a statement informing students that the school does not give credit for work completed at other institutions |  |  |
| A statement informing students that credits earned at the school are transferable to another institution at the sole discretion of the accepting institution. |  |  |
| School’s policy concerning granting of credit for life or work experience and how these credits will be documented on the student’s official transcript. |  |  |
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| **STUDENT DISCLOSURE INFORMATION (GRADING/RIGHTS & RESPONSIBILITIES/GRIEVANCE)** | **PAGE(S)** | **HELC check** |
| The school’s grading or progress system. |  |  |
| The school’s standards and requirements for satisfactory progress and the course of action taken when the satisfactory progress is not met. |  |  |
| The school’s required grades or other criteria required for satisfactory completion of the program. |  |  |
| A description of how and when students receive their grades or progress reports. |  |  |
| Students’ rights, privileges, and responsibilities. |  |  |
| School’s procedure for handling student complaints/grievances. |  |  |
| A statement indicating HELC is the agency of last resort in the grievance process. |  |  |
| A statement that ensures student(s) will not be subject to unfair action and/or treatment by any school official as a result of the initiation of a complaint. |  |  |
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| **PROBATION, DISMISSAL AND READMISSION** | **PAGE(S)** | **HELC check** |
| School policy regarding whether a probationary period is given for unsatisfactory grades or progress. |  |  |
| The specific criteria which results in a student being placed on probation. |  |  |
| The length of the probationary period. |  |  |
| The criteria for clearing probationary status. |  |  |
| School policy regarding dismissal for unsatisfactory grades or progress. |  |  |
| The criteria for re-admittance after dismissal due to unsatisfactory grades, if applicable. |  |  |
| The specific criteria for dismissal for reasons other than unsatisfactory grades or progress. |  |  |
| The conditions under which a student will not be readmitted. |  |  |
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| **STUDENT RECORDS** | **PAGE(S)** | **HELC check** |
| A description of student records the school maintains while a student is enrolled and after the student is no longer enrolled. |  |  |
| The length of time that student records are maintained after the student is no longer enrolled. |  |  |
| A description of how the school maintains student confidentiality. |  |  |
| An explanation as to how a student may obtain a copy of his/her academic and financial records. |  |  |
| An explanation as to under what circumstances an academic record/transcript and/or the financial history of the student will not be released. |  |  |
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| **STUDENT CONDUCT** | **PAGE(S)** | **HELC check** |
| A description of the type of conduct expected of students and the type of conduct that will not be tolerated. |  |  |
| A statement on action(s) the school will take when a student violates schools standards of conduct. Please include how the student is to request information from the school and how the school will handle, communicate, and respond to the student under these conditions. |  |  |
| A statement describing the dismissal policy for unsatisfactory conduct, if applicable. |  |  |
| The appeal process and the condition(s) for re-admittance if a student is dismissed due to unsatisfactory conduct. |  |  |
| Student guidelines and policies, including any specific prohibitions or requirements. |  |  |
| Student dress code, if applicable. |  |  |
| Any additional ethical standards required by the school and/or the program industry, at large, that is necessary for the success of the student, if applicable. |  |  |
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| **ATTENDANCE/LEAVE OF ABSENCE INFORMATION** | **PAGE(S)** | **HELC check** |
| School’s policy on distinguishing types of absences such as excused, unexcused, full day, late arrival, early dismissal, or class absences. |  |  |
| The standards the school uses to determine types of absences and the way absences are recorded. |  |  |
| School’s definition of tardiness. |  |  |
| A statement of how tardiness affects attendance. |  |  |
| A statement that discloses the policy that a student will be withdrawn from the program after missing so many calendar days (including weekends & holidays) after the student’s last date of attendance. |  |  |
| A statement on how the school will handle assigning and grading make-up work due to absences. |  |  |
| School’s policy on the consequences of unsatisfactory attendance (e.g. probation, dismissal) and policy on re-admittance. |  |  |
| A detailed description of the school’s policy on granting leaves of absence. |  |  |
| The specific condition(s) when a leave of absence is granted. |  |  |
| Any limitations on the time or number of leaves of absence. |  |  |
| A statement explaining the actions taken by the school when the student does not resume attendance on the return date. |  |  |
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| **TUITION, FEES AND REFUNDS** | **PAGE(S)** | **HELC check** |
| A statement of tuition and fees and other charges related to enrollment, such as deposits, fees, books and supplies, tools and equipment, and any other charges for which a student may be responsible. The school must identify all nonrefundable fees. |  |  |
| A description of all financial assistance available to students. Please identify if the school participates or does not participate in the federal student aid program. |  |  |
| A statement on rules and conditions of installment payments, if applicable. |  |  |
| An explanation of the withdrawal/cancellation policy that includes the three (3) day cancellation period. |  |  |
| The school’s refund policy for tuition and fees. |  |  |
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| **PROGRAM CURRICULUM** | **PAGE** | **HELC check** |
| The educational objective of each program. |  |  |
| Prerequisites for each course, if required. |  |  |
| A listing of all required courses for each program offered and the credential awarded upon completion. The listing must also include: the number of contact hours of lecture, lab, and externship and total credit/clock hours for each course. |  |  |
| A brief description of each course offered. Include course number and clock/credit hours awarded for each course. |  |  |
| Explain the expectations and requirements for successful completion of an internship/externship or production work deemed part of the curriculum for any program. |  |  |
| The measures the school takes to evaluate and to improve the program success to be consistent with the mission of the school. |  |  |
| A statement on faculty accessibility for academic and/or course advising at stated times outside a course’s regularly scheduled class hours. |  |  |
| A statement as to the availability of all academic support services (i.e., tutoring services/student services/academic and personal advising). |  |  |
| Graduation requirements. |  |  |
| If the institution offers programs leading to the A.A.S. or A.O.S. degree, a statement that these programs are terminal/technical programs and the credit generally earned in these programs are not applicable to other degrees. |  |  |
| A statement that accurately details the type and amount of career advising and placement services offered by the school. |  |  |
| For all courses and programs offered via distance education, the school must provide a statement informing students of the minimum technology specifications required, available student support services, available navigation training, methods for timely interaction between students and faculty, and information exchange privacy and safety policy. |  |  |
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| **OWNERSHIP AND FACULTY INFORMATION** | **PAGE** | **HELC check** |
| A list of all trustees, officers, entities or institutions that have a controlling ownership or interest in the school, including academic credentials. |  |  |
| Name(s) of chief school officers, the names of administrators for each branch location, including academic credentials. |  |  |
| The powers, duties and responsibilities of the governing board, chief operating officer(s), president, director, chief administrators, and/or owners. |  |  |
| The powers, duties and responsibilities of students, if students participate in the institutional governance. |  |  |
| A listing of chief administrators, advisors and faculty members of the institution, stating academic/professional/licensure credential held and awarded, and all specialized training relating to the areas of instruction. |  |  |

**DISTRICT OF COLUMBIA HIGHER EDUCATION LICENSURE COMMISSION**

**POSTSECONDARY INSTITUTION BOND**

**KNOW ALL PERSONS BY THESE PRESENTS,** That we, (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

doing business in the District of Columbia at (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as principal; and

(3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_doing business at (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and incorporated in (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as surety are held and firmly bound unto the

District of Columbia and unto any person who may be aggrieved by a violation by said principal of any law or regulation in force in the District of Columbia relating to the operation of a Postsecondary School in the full and just sum (to be determined by Chapter 81, Title 16, D.C. Code of Municipal Regulations, Section 8125.4), of (6)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_thousand dollars ($\_\_\_\_\_\_\_\_\_\_\_\_) lawful money of the United States of America for which payment, well and truly to be made, we bind ourselves, jointly and severally, our joint and several heirs, executors, and administrators, successors and assigns, firmly by these presents.

Signed with our hands and scaled with our seals this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the year of our Lord two thousand and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the effective date this bond to be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, 20 \_\_\_\_\_, and shall expire on \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_, 20\_\_\_.

**WHEREAS,** the above bounden (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ desires to operate a Postsecondary School in the District of Columbia.

**NOW, THEREFORE,** the conditions of the above obligation are such that the above bounden licensed school shall in all respects comply with the provisions of the District of Columbia Education Licensure Commission Act of 1976, D.C. Law 1-104 (D. C. Code Sec. 38-1302, et. seq.) and regulations issued pursuant thereto, and amendments to any person by reason of any violation of the previously mentioned Act and regulations in carrying on the business for which such license is granted.

Signed in the presence of: (*TWO WITNESSES*)

(8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(SEAL)**

**WITNESS WITNESS**

(9) **(SEAL)**

By: (10)

**PRESIDENT DATE**

(11) **SECRETARY DATE**

(12) **(SEAL)**

By: (13)

**ATTORNEY-IN-FACT DATE**

*Authority of executing officers or attorney-in-fact for surety must be attached to* *bond.*

*Erasures, corrections and alternations must be initialed and sealed by attorney-in-fact.*

**DISTRICT OF COLUMBIA HIGHER EDUCATION LICENSURE COMMISSION**

**INSTRUCTIONS TO BONDING COMPANIES**

Number indicates blank spaces to be filled out on bond.

(1) Full name (middle initial) of individual. If partnership, full name (middle initial) of each partner. If a corporation, name of corporation in exact form as it appears on corporate seal.

(2) Street address at which business is conducted. If business operates at more than one location, each business address must appear on this bond. A separate bond is not required for each location.

(3) (4) & (5) Name of surety bond company, business address and State of Incorporation.

(6) Amount of surety required is as follows:

**Number of Annual Net Amount**

**Students Enrolled Tuition Received of Surety**

50 or less and $100,000 or less $5,000

51 to 150 or $100,001 to $1,000,000 $10,000

151 or more or $1,000,001 and up $20,000

(7) Same as (1): Full name (middle initial) of individual. If partnership, full name (middle initial) of each partner. If a corporation, name of corporation in exact form as it appears on corporate seal.

(8) Two (2) witnesses sign in the event applicant is an individual or partnership. Witnesses are not required when applicant is a corporation.

(9) Signature of partner, if partnership.

(10) If corporation, signature of President or Vice President. If partnership, signature of 2nd partner.

(11) If corporation, signature of Secretary or Assistant Secretary of corporation, attesting to signature of President or Vice President.

(12) Name of Surety Company and its corporate seal affixed so that it is clearly visible.

(13) Signature of Attorney-in-Fact for Surety Company. Power of Attorney on behalf of agent signing required to be attached to each bond

**NOTE:** **PLEASE INITIAL AND SEAL ANY CORRECTION OR DELETION MADE ON B**

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| **Instructor Qualification Form**  *One form must* *be completed for each faculty.*  *Place completed form in the section on Faculty* | | | | | | | | | | | | |
| Employee Full Name: Click here to enter text.  Position Title: Click here to enter text. | | | | | Employment Start Date:Click here to enter text.  Full-time  or Part-time | | | | | | | |
| **EDUCATION** | | | | | | | | | |
| **Institution Attended**  (Name) | **Location** | | **Program/Major** | | | | | **Degree and Date Received** | | | **Documentation Verified by Administration** | |
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| **CERTIFICATIFICATIONS OR LICENSES** | | | | | | |
| **Name of Occupational Licenses, Certifications or Registrations Held** | | **Certifying Agency** | | | | **State Issued** | | | **Expiration Date** | | **Documentation Verified by Administration** | |
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| **TEACHING & WORK EXPERIENCE -** List all positions held over the past ten years, beginning with the most recent. | | | | | | | | | | | | | |
| **Employer Name** | | **Position Title** | | | | | | | **Subject Taught** | | | **Dates Employed** |
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| **COURSES TO BE TAUGHT -** List courses the faculty will teach at the proposed institution. | | | | | | | | | | | | | |
| **Name of Course** | | | | **Name of Course** | | | | | | | | |
| 1. | | | | 4. | | | | | | | | |
| 2. | | | | 5. | | | | | | | | |
| 3. | | | | 6. | | | | | | | | |

*I solemnly swear or affirm that the factual statements and assurances made herein are true to the best of my personal knowledge, information and belief under criminal penalties for the making of a false statement pursuant to D.C. Official Code § 22-2405, which includes 180 days in jail, a $1,000 fine or both.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Applicant Printed Name Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Authorized School Official Printed Name Signature of Authorized School Official Date

**NEW PROGRAM - ACADEMIC CREDIT ANALYSIS**

*Complete this form for each* ***NEW PROGRAM*** *for which approval is requested****.*** *Place completed form in the section on Curriculum*

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| **NAME OF PROGRAM** |  | **PROPOSED START DATE** | | |  | | **TOTAL NUMBER OF CREDIT OR CLOCK HOURS** | |  |
| **CREDENTIAL** | Certificate/Diploma  Associate’s Degree  Bachelor’s Degree  Master’s Degree  Doctorate  Does the institution currently award this level of degree/credential in other programs? ☐ YES ☐ NO | | | | | | | | |
| **LOCATION OF INSTRUCTION** |  | **EDUCATIONAL DELIVERY METHOD** | | | | | Residential  Online  Hybrid | | |
| **TYPES OF INSTRUCTION**  (Check all that apply for entirety of program) | Didactic  Lab Clinical  Practicum Correspondence  Student/Teacher Ratio :  Enrollment Capacity: | | | | | | **PROGRAM COSTS** | |  |
| **Tuition** | |  |
| **Registration fees** | |  |
| **Books and Materials** | |  |
| **Other** | |  |
| **Total** | |  |
| **Name of Class/Course** (list in sequence) | | **General Education Course** | **Core Course** | **Elective Course** | | **A** | **B** | **C** | **Total** |
| **Number of Weeks** | **# of Theory**  **(clock) Hours**  **Per Week** | **# of Clinical**  **(clock) Hours Per Week** | **Contact (clock) Hours Per Week**  (add B + C) |
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| **TOTAL HOURS** | | | | | |  |  |  |  |

**PROGRAM MODIFICATION - ACADEMIC CREDIT ANALYSIS**

*Complete relevant sections for each program modification requested only for programs already approved and place completed form in the section on Curriculum.*

**Type of Modification Requested:** *(CHECK ALL THAT APPLY)*

Program Name Educational Delivery Method Program Length Program Costs Adding/Removing Courses

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LOCATION OF MODIFICATION** | | | **ADDRESS OF MODIFICATION** | | | | | | | | | | | | **PROPOSED START DATE** | | | | |
| Main Branch  Instructional | | |  | | | | | | | | | | | |  | | | | |
| **PROGRAM NAME CHANGE** | | | **DELIVERY METHOD** | | | | **PROGRAM LENGTH & HOURS** | | | | | | | | **PROGRAM COSTS** | | | | |
| **Approved Name** | | **Proposed Name** | **Current** | **New** | | | **Current Hours** | | | | **New Hours** | | | |  | | **Current** | | **New** |
| e.g. Certificate of Massage Therapy | | same | Residential | Online | | |  | Credit | | |  | Credit | | | **Tuition** | | **$** | | **$** |
| 500 | Clock | | | 750 | Clock | | | **Registration** | | **$** | | **$** |
|  | |  |  |  | | |  | Credit | | |  | Credit | | | **Books & Materials** | | **$** | | **$** |
|  | Clock | | |  | Clock | | | **Other** | | **$** | | **$** |
|  | | | **UNIT OF CREDIT** | | Clock Hour  Quarter  Semester | | | | | | | | | | **Total** | | **$** | | **$** |
|  | |  | |  |
| **CREDENTIAL OFFERED** | | Certificate/Diploma  Associate’s Degree  Bachelor’s Degree  Master’s Degree  Doctorate  Does the institution currently award this level of degree/credential in other programs? ☐ YES ☐ NO | | | | | | | | | | | | | | | | | |
| **Indicate**  **A-Add**  **R-Remove** | **Name of Class/Course** (list in sequence) | | | | | **General Education Course** | | | **Core Course** | **Elective Course** | | | **A** | **B** | | **C** | | **Total** | |
| **Number of Weeks** | **# of Theory**  **(clock) Hours**  **Per Week** | | **# of Clinical**  **(clock) Hours Per Week** | | **Contact (clock) Hours Per Week**  (add B + C) | |
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| **TOTAL HOURS** | | | | | | | | | | | | |  |  | |  | |  | |