

APPLICATION FOR A NEW NON-DEGREE PROGRAM

Accrediting Commission of Career Schools and Colleges (ACCSC)

To be submitted for Commission approval prior to the implementation of a non-degree program.

A “related” non-degree program is defined as related to an approved non-degree or degree program(s) currently offered by each school listed below.

Please visit the ACCSC website for specific resources and guidance regarding how to successfully complete this application.

Remember to visit the *Preparing a Successful Application* document for more detailed instructions.

SCHOOL #	SCHOOL NAME	TYPE		CITY	STATE	DEGREE GRANTING	
		MAIN:	<input type="checkbox"/>			YES:	<input type="checkbox"/>
		BRANCH:	<input type="checkbox"/>			NO:	<input type="checkbox"/>

CONTACT PERSON	PHONE	EMAIL

PROGRAM TITLE <i>(e.g. Business Administration)</i>	TYPE OF PROGRAM <i>(Check One)</i>		LENGTH OF PROGRAM <i>(in Months)</i>	FULL CREDENTIAL & ABBREVIATION	PROPOSED START DATE
	<input type="checkbox"/>	RELATED		Select the Credential	
	<input type="checkbox"/>	UNRELATED			

INSTRUCTIONAL HOURS	TOTAL INSTRUCTIONAL HOURS & OUTSIDE PREP HOURS	TOTAL CREDIT HOURS	
		SEMESTER CREDIT	QUARTER CREDIT
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> All information listed in the tables should match the program outline and state approval, as applicable. </div>			

EXTERNSHIP ¹ AND/OR CLINICAL EXPERIENCE ² INFORMATION		
Total	Externship	Clinical
Clock Hours:		
Credit Hours:		

PROGRAM DELIVERY METHOD <i>(Select One):</i>	YES ³	NO
Is the school seeking to offer the proposed program via distance education?	<input type="checkbox"/>	<input type="checkbox"/>

GUIDELINES FOR SUBMISSION - PLEASE REVIEW PRIOR TO SUBMISSION:

- The school must ensure that the **Payment Submission Form** of this application is included and identifies the correct fee amount, check information, and indicates the correct and applicable school(s).

¹ Hours and credits must match the hours and credits listed on the Outline of a Non-Degree Program and may include multiple courses.

² Please refer to item #12 of this application if the program includes clinical experience hours/credits.

³ Please noted that if the school intends to offer the proposed program via distance education (i.e., 100% online / hybrid), the school must submit the appropriate application (i.e. Application for Expansion of Distance Education Approval or Application for Initial Distance Education Approval), as applicable.

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- The school must provide a response and all appropriate supporting documentation to all items below. The Commission may not process the application and may require a new submission from the school if the application is found to be incomplete.
- The completed application should not exceed **100 pages** total and should include only the required information. Do not provide copies of the school catalog or information that does not pertain to the items in this application.
- Prior to final submission of this application, review the entire submission to ensure that all required information is provided, that all intended attachments are included, and that the submission is free of errors and typos.

ELECTRONIC SUBMISSION FORMAT REQUIREMENTS:

Electronic Submissions may not be transmitted to the Commission via e-mail.

- The school's response must be prepared in accordance with ACCSC's [Instructions for Electronic Submission](#) (e.g., prepared as one Portable Document Format ("PDF") file that has been prepared using Adobe Acrobat software (version 8.0 or higher) and which has a .pdf extension as part of the file name). The school will receive an e-mail confirmation that the file has been received within 24 hours of the submission.
- ACCSC has issued the Blueprints for Success Series: [Organizing an Effective Electronic Submission](#). ACCSC encourages the school to review this module prior to submitting this application. More information is available under the [Resources section](#) at www.accsc.org.

Take time to review the PDF version after completion to ensure it is readable, the bookmarks work, and all pages are turned for easy viewing.

I certify that the information herein and attached hereto is correct and that this non-degree program has not been described in the catalog, advertised, or offered to students.

I have read and understand the Guidelines for Submission and the Electronic Document Format Requirements set forth above and I further understand that a failure to adhere to these guidelines and requirements will result in either a delay in the processing of or return of this application.

- YES
- NO

Don't forget to sign and date!

NAME	SIGNATURE	TITLE	DATE

REQUIRED SUPPORTING DOCUMENTATION:

- Processing Fee: Please mail a check directly to ACCSC for processing and include a statement identifying the corresponding application(s). **Note:** Please ensure that the **Payment Submission Form** for this application is included.
 - 1st School: \$1,250
 - Each affiliated school (applications must be submitted at the same time): \$750

Make sure the Payment Submission Form clearly identifies the school and the type of application. Also, did the school submit a payment for the correct amount?

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2. Provide program approval from the state (or applicable regulatory agency) with the title and approved clock and credit hours. If the state requires Commission approval prior to final state approval, please provide a copy of the institutional recognition/licensure from the state (e.g. State licensure to operate an accredited institution, License by means of accreditation).
3. Is programmatic accreditation required for graduates to seek licensure in the specific field? (*Section II (A)(1), Substantive Standards, Standards of Accreditation*):
- YES
- NO

State approval is critical! Without state approval or documentation of licensure by means of accreditation we cannot process the application. Sending in the application while you are waiting for state approval does not put you ahead of others with complete applications in the review queue!

If the state approval includes program name, clock and/or credit hours - make sure information provided in the application matches the state approval.

Does the school plan to apply or has the school applied for programmatic accreditation related to the proposed program?

- YES
- NO

If the school checked "YES" to one or both from above, provide the following:

- a. A narrative regarding the school's intent/plans for seeking such accreditation;
 - b. A timeline for obtaining accreditation;
 - c. Any specific hiring criteria for program chairs and/or faculty; and
 - d. The programmatic accreditor's standards and requirements relative to licensure, if applicable.
4. A related non-degree program is defined as related to at least one approved non-degree or degree program(s) currently offered at the school. If the proposed program is a related program, provide the following:
- a. Explain the relationship of the proposed related program to the programs currently offered at the school in the following areas: **curricula, educational and occupational outcomes, Program Advisory Committee, faculty, facilities, and resources**; and
 - b. **ONLY** if the proposed program is **related** to at least one of the school's currently approved programs, complete the following side-by-side to demonstrate the relatedness (add additional lines to the chart as needed):

To support the assertion that the program is related: 1. Address how the faculty are qualified to teach in both programs; 2. Complete the table to document that a significant number of courses apply to both programs.

CURRENTLY APPROVED PROGRAM		PROPOSED PROGRAM	
COURSE NUMBER	COURSE TITLE	COURSE NUMBER	COURSE TITLE
<i>Ex: MED105</i>	<i>Medical Terminology</i>	<i>Ex: HCT107</i>	<i>Health Care Terminology</i>

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5. Justification of the Proposed Program (*Section II (A)(2), Substantive Standards, Standards of Accreditation*):

- a. Provide the school's current mission statement.
- b. Explain how the curriculum is consistent with mission of the institution and other institutional goals and objectives.
- c. Provide the following assessments to support and justify the proposed program that must include detailed narratives and documentation supporting the reasons to offer the proposed program and the need of the program for the local, regional, and national geographic areas. Specifically describe each area below:

Include a brief narrative on how the new program is consistent with the institutional mission.

Use local data to support the need for the program – Narrative should include:

An analysis of expected job opportunities for graduates. Address potential competition in the area – are there a lot of other schools offering a similar program? If so, why do you think it will be viable for your school?

- i. A detailed assessment of the **program's viability** to include information regarding other education institutions that may offer the same or similar program (e.g. competing institutions) and provide local and national socioeconomic factors that may affect the proposed program's enrollments and graduation outcomes. Please include corresponding current local and national data to support the assessment (e.g., data from reputable sources, graphics illustrating comparative graduation and employment rates from similar programs offered competing institutions, etc.).
- ii. An analysis of the **demand for graduates** from the program's area of study to include current statistical data regarding needs of employers, local employment outlook, earning potential for graduates, and the need for training. Include current and comparative local and national labor market needs data, statistical analysis regarding employment opportunities in the related field, earning potential for graduates, and the need for training and re-training specific to the employer needs and requirements (e.g. data to show trend in the industry, government agencies, professional associations, etc.).

- d. Did the school previously offer and discontinue the proposed program?

YES

NO

If yes, explain the reasons for the previous discontinuation of the program and describe how the school determined the success of the program going forward.

6. Program Design, Development, and Organization:

- a. Submit an Outline of a Non-Degree Program or the Allocation of Hours for Clock Hour Programs (for Clock hour only programs), as applicable (available on the ACCSC website) and corresponding course descriptions for each course required for completion of the proposed non-degree program⁴. (**Note:** *Course credit hours may only round down to the nearest whole or half credit.*)

The total clock and credit hours on the outline must be the same as the information provided on page one of the application and the State Approval (if applicable).

For items b & c include a complete narrative of the school's process used for curriculum development, i.e., who is involved, how the school determined what courses to include, and the process to determine appropriate distribution of class/lab/externship.

- b. Describe the school's curriculum design process including how the school determined that the courses within the proposed non-degree program are appropriately classified and represent college level course work (*Section II (A)(2), Substantive Standards, Standards of Accreditation*).

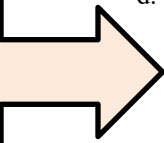
⁴ The estimated number of hours (clock or credit) awarded per course must conform to generally accepted practice in higher education (e.g. 3 semester credit hours / 4 quarter credit hours) (*Section II (A)(3)(g), Substantive Standards, Standards of Accreditation*).

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- c. Explain how the school determined that the breakdown of the number of clock hours/credit hours for technical/occupationally related courses is appropriate for didactic, supervised laboratory, and externship? (*Section II (A)(3) & Appendix III, Substantive Standards, Standards of Accreditation*)

Justification for out-of-class work must include a brief narrative on how the school determined the amount of out-of-class work (i.e., faculty input, information from textbook companies about reading time, surveys, etc.)



- d. For non-degree programs including the recognition of outside of class preparation, please provide the institutional processes and procedures used to determine the average amount of time expected for outside of class preparation.

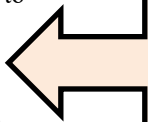
- e. Provide a narrative justifying the length of the proposed program and describe how the length of the program is appropriate to enable students to achieve the program objectives.

- f. Provide the estimated number of hours students will spend each week in class, lab, and on outside work (i.e. homework) (outside work is only applicable to credit hour programs).
- g. Describe how the training/instructional aids for the proposed non-degree program are sufficiently comprehensive and reflect current occupational knowledge and practice and include the following: A list of **textbooks (include publication year), supplies, and audio/visual aids that the school will utilize for the proposed non-degree program** (*Section II (A)(5), Substantive Standards, Standards of Accreditation*).

7. Program Evaluation:

- a. Describe the school’s systematic and evidence-based process to evaluate programmatic curriculum and course content (*Section II (A)(4)(a), Substantive Standards, Standards of Accreditation*).
- b. Describe with details and supporting documentation the school’s capacity to offer the proposed non-degree program in the following areas:

Explain how the school will incorporate review of this program as part of the overall institutional planning and assessment process with a focus on evaluation of student learning outcomes.



Include only the program budget, not the entire school budget.



- i. Future budget allocations: Provide proposed program budget showing the future allocation of financial resources to support the program including resources for faculty salaries, educational materials, learning resource materials, supplies/equipment, advertising and how this is sufficient to operate the new program.
- ii. Facilities and equipment: Describe the specific **facilities and equipment** within the school that are to be used for the proposed program. How does the school plan to enhance the **facilities and equipment** to accommodate the offering of the proposed program?
- iii. Does the school intend to expand existing facilities? If so, has the school submitted the appropriate and required report/application (e.g., Facility Expansion Report or Application for a Satellite Location)?
- c. Provide a list of the Program Advisory Committee members (**Note: Program Advisory Committees must be comprised of appropriately qualified representatives external to the institution (i.e., non-school employees)**) for each program or group of related programs, using the following chart.

SCHOOL NAME:		SCHOOL NUMBER:	
PROGRAM NAME:		CREDENTIAL:	
PROGRAM ADVISORY COMMITTEE			
	TITLE COMPANY	TELEPHONE NUMBER	REVIEW RESPONSIBILITIES (check as applicable)

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ADVISORY COMMITTEE MEMBER'S NAME	ADDRESS CITY, STATE	EMAIL ADDRESS	EMPLOYER / PRACTITIONER	EDUCATOR, REGULATOR, ETC.	MASTER'S DEGREE	DISTANCE EDUCATION

- d. Submit minutes of the PAC meeting(s) to demonstrate the committee's *review* and *comments* on the proposed non-degree program including the appropriateness of the **curriculum objectives, content, and length** (*Section II (A)(6)(d)(iii), Substantive Standards, Standards of Accreditation*).

PAC minutes *MUST* demonstrate that the PAC reviewed and discussed all defined areas of review for a new program!

8. Learning Resource System:

- Provide a narrative regarding how the school's **current** learning resource system supports the education experience with materials commensurate with the level of education.
- Provide a narrative regarding how the school has enhanced its learning resource system to meet the objectives of the proposed program including elements such as **relevant and current texts and periodicals; research journals and databases; standard works of reference; multi-media and/or electronic resources; electronic library resource technologies; and other resource materials** necessary to adequately serve the student body (*Section II (A)(7)(a), Substantive Standards, Standards of Accreditation*).
- Complete the following chart and demonstrate that the school has an individual qualified to oversee and supervise the learning resource system (*Section II (A)(7)(c), Substantive Standards, Standards of Accreditation*).

SCHOOL NAME:			SCHOOL NUMBER:		
LRS SUPERVISOR					
STAFF NAME	POSITION	DEGREE/CREDENTIAL EARNED (<i>Year</i>)	DESCRIPTION OF WORK EXPERIENCE AND/OR TRAINING FOR THE POSITION	FROM (<i>M/Y</i>)	TO (<i>M/Y</i>)

- d. If this information is not available, submit the specific hiring criteria to be used for the selection of the LRS Supervisor and the timeline for when the position will be filled.

9. Faculty Qualifications:

- Complete the following chart by listing the faculty teaching technical and occupationally related courses in the non-degree program and demonstrate that they have a minimum of three years related practical work experience in the subject area(s) taught (*Section III (B), Substantive Standards, Standards of Accreditation*). (**Note: *Instructional experience does not qualify as practical work experience.***) In addition, provide the course title(s)/course number(s) for each course that the faculty member will teach in the proposed program.

Fill out table completely. Include the Month and Year for Practical Work Experience. Also remember that teaching does not qualify as Practical Work Experience.

Take a moment to add up the number of years of work experience prior to submission so you know the faculty member will meet the necessary requirements.

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SCHOOL NAME:			SCHOOL NUMBER:		
TECHNICAL/OCCUPATIONAL FACULTY					
INSTRUCTOR NAME	PROPOSED PROGRAM COURSE <i>Title(s) / Number(s)</i>	DEGREE EARNED <i>Include: Subject, Credential, Year & Institution(s)</i>	PRACTICAL WORK EXPERIENCE <i>(Note: Instructional experience does not qualify as practical work experience)</i>		
			JOB TITLE, PLACE OF EMPLOYMENT, AND DESCRIPTION OF WORK EXPERIENCE	FROM <i>(M/Y)</i>	TO <i>(M/Y)</i>

b. In addition, complete the following chart as applicable to the faculty teaching general education courses:

- i. **Academic General Education Course(s):** The school must demonstrate in the chart below that faculty teaching the academic general education course(s) have, at a minimum a master's degree with appropriate coursework and preparation in the subject area(s) taught, at a minimum a baccalaureate degree with appropriate academic coursework and preparation in the subject area(s) taught (*Section II (A) (9) Substantive Standards, Standards of Accreditation*).
- ii. **Applied General Education Course(s):** The school must demonstrate in the chart below that faculty teaching applied general education courses in a non-degree program must have three years' prior relevant work experience or college-level coursework in the subject area(s) taught or an appropriate mix thereof courses that aligns with the curriculum content being taught (*Section III (B)(6), Substantive Standards, Standards of Accreditation*).

Make sure the tables are filled out completely. Include Month and Year as noted for work experience.

SCHOOL NAME:			SCHOOL NUMBER:			
FACULTY TEACHING ACADEMIC GENERAL EDUCATION						
INSTRUCTOR NAME	PROPOSED PROGRAM COURSE <i>Title(s) / Number(s)</i>	DEGREE EARNED <i>Include: Subject, Credential, Year & Institution(s)</i>	RELATED SUBJECT MATTER CREDITS EARNED			
			COURSE NUMBER & TITLE	CREDITS	TYPE <i>(U/G)</i>	YEAR
FACULTY TEACHING APPLIED GENERAL EDUCATION COURSES						
			JOB TITLE, PLACE OF EMPLOYMENT, AND DESCRIPTION OF WORK EXPERIENCE	FROM <i>(M/Y)</i>	FROM <i>(M/Y)</i>	

c. If faculty information is not available, submit the specific hiring criteria and timelines when faculty will be hired.

10. Management and Administration:

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- a. Complete the following chart to demonstrate that the school has sufficient educational administration to support the proposed non-degree program specific to the Director of Education (e.g., lead faculty, department chair, dean, etc.) (*Section III (A)(1), Substantive Standards, Standards of Accreditation*).

Be sure to list the Director of Education at the campus. This is the primary person overseeing the school's programs and educational administration.

SCHOOL NAME:		SCHOOL NUMBER:			
MANAGEMENT PERSONNEL (<i>Include Director of Education and Program Head</i>)					
STAFF NAME	POSITION	DEGREE/ SUBJECT/ CREDENTIAL EARNED (<i>Year</i>)	DESCRIPTION OF WORK EXPERIENCE AND/OR TRAINING FOR THE POSITION	FROM (<i>M/Y</i>)	TO (<i>M/Y</i>)

- b. If information is not available for the Program Head and/or any other management personnel, submit the specific hiring criteria to be used and the timeline for when the position(s) will be filled.

11. Provide a draft catalog presentation of the proposed non-degree program as it will appear in the applicable sections of the catalog and include only the relevant items as listed below specific to the proposed non-degree program (**do not include a copy of the school's complete current catalog**) (*Section IV (C)(1), Substantive Standards, Standards of Accreditation*):

- Maximum number of students in a classroom or laboratory (Catalog Checklist, Item #7).
- Admissions requirements (Catalog Checklist, Item #8).
- A description of the proposed program (Catalog Checklist, Items #11, #12, and #14).
- Graduation requirements (Catalog Checklist, Item #22).
- The credential to be awarded upon completion of the proposed non-degree program (Catalog Checklist, Item #23).

Remember – this is a draft of what you plan to put in the catalog for the new program. Please only include the items requested.

12. Clinical/Practicum Hours:

Does the proposed program include clinical or practicum hours? (**Note: These hours are hands-on practice based hours that occur off-site and are supervised by a faculty member**). If yes, please provide the following:

- A detailed narrative describing the clinical/practicum, including information regarding the types of off-site facilities used and justification regarding the number of clinical/practicum hours required (i.e. programmatic accreditation and/or state requirements); and
- The clinical/practicum evaluation criteria, including a copy of the evaluation form, which will be utilized by the supervising faculty member at the clinical site to assess the students' attainment of the training objectives of the clinical/practicum.

13. Externship:

Does the proposed program include an externship? If yes, provide the following:

- A written training plan or course syllabus that identifies the students' goals, as well as the applications and experiences that are to be accomplished during this specific externship (i.e., technical skills, knowledge) (*Section II (A)(8)(b), Substantive Standards, Standards of Accreditation*).
- The on-site evaluation criteria (i.e., externship evaluation form), which will be utilized at an externship site to assist in grading the students' attainment of the training objectives in this specific externship.

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- c. Information regarding the faculty or staff member who will supervise or coordinate this externship on the chart below (*Section II (A)(8)(c), Substantive Standards, Standards of Accreditation*).

SCHOOL NAME:		SCHOOL NUMBER:			
EXTERNSHIP SUPERVISOR / COORDINATOR					
INSTRUCTOR NAME	PROPOSED PROGRAM COURSE <i>Title(s) / Number(s)</i>	DEGREE EARNED <i>Include: Subject, Credential, Year & Institution(s)</i>	PRACTICAL WORK EXPERIENCE <i>(Note: Instructional experience does not qualify as practical work experience)</i>		
			JOB TITLE, PLACE OF EMPLOYMENT, AND DESCRIPTION OF WORK EXPERIENCE	FROM <i>(M/Y)</i>	TO <i>(M/Y)</i>

- d. **If this information is not available, submit the specific hiring criteria to be used for the selection of the faculty or staff member and the timeline for when the position will be filled.**

14. Note that **any externship that is greater than one-third** of the total length of the program requires review and approval by the Commission (*Section II (A)(8)(e), Substantive Standards, Standards of Accreditation*). If the school is adding an externship or increasing the number of externship clock and/or credit hours whereby the externship exceeds one-third the total length of the program, provide the following:

- Justification as to how the externship length is appropriate for the program, content, and objectives.
- If the externship length is required by the state, programmatic accreditor, or other regulatory authority, please explain the specific regulatory requirements **and** provide documentation (i.e. regulatory agency requirements and correspondences) that supports the justification and/or requirement for the externship length.

SUBMIT TO: Executive Director
Accrediting Commission of Career Schools and Colleges
2101 Wilson Boulevard / Suite 302
Arlington, Virginia 22201

Take a few moments to review your entire application!

Does the program information provided on Page 1 align with the program clock and credit hours (if appropriate) on the Non-Degree Program Outline or Allocation of Clock Hours form?

Did you provide either a narrative or back-up documentation for all items listed in 1-14?

Is the submission free of typos and discrepancies?

Is the narrative succinct, specifically addressing the questions asked?

Did you fill out each chart with all the necessary information?

Did you attach all supporting documentation (i.e., state approval, program outline, etc.)?

Is the PDF one continuous document and bookmarked?

Do the bookmarks work?



Accrediting Commission of Career Schools and Colleges

2101 Wilson Boulevard, Suite 302
Arlington, Virginia 22201
703.247.4212
703.247.4533 fax
www.accsc.org

INSTITUTIONAL DEVELOPMENT: PAYMENT SUBMISSION FORM FOR APPLICATION SUBMISSIONS

SCHOOL(S) #	SCHOOL(S) <i>(Please list all schools applicable to payment)</i>	CITY	STATE

APPLICATION TYPE(S) <i>*Please refer to attached list for application types</i>	PAYMENT AMOUNT(S) <i>(Enter payment amount for each application type)</i>

TOTAL PAYMENT AMOUNT	CHECK NUMBER

NAME OF CONTACT PERSON(S)	TITLE(S)	CONTACT PHONE NUMBER(S)	CONTACT EMAIL(S)

***** Please submit this payment form with each check payment.

Submit To: **Operations Department**
Accrediting Commission of Career Schools and Colleges
2101 Wilson Boulevard, Suite 302
Arlington, VA 22201

*APPLICATION TYPE(S)		
Application of Hours for Clock Hour Programs	Application for Continuing Education and Avocational Courses	Application for Approval of a Baccalaureate Degree
Application for Approval of an Academic Associates Degree	Application for Approval of a Master's Degree	Application for Approval of an Occupational Associates Degree
Application for a Branch Part I	Application for a Branch Part II	Application for a Branch Realignment, Part I
Application for a Branch Realignment, Part II	Application for a Change of Location Part I	Application for a Change of Location Part I
Application for a Change of Name Part I	Application for a Change of Control Part I	Application for a Change of Control Part II
Application for Clock to Credit Hour Conversion	Application for a Distance Education Facility	Application for Initial Distance Education
Application for Expansion of Distance Education Approval	Application for a Change of Mission	Application for English as a Second Language Courses
Application for a New Non-Degree Program	Application for a Satellite Location	Application for a Substantive Program Modification
Application for a Substantive Program Modification Addition of Concentration	Modification of Ownership Report	Consortium Partnership Report
Distance Education Consortium Partnership Agreement	Facility Expansion Report	Program Modification Report Non-substantive Modification
Application for a Baccalaureate Degree – Affiliated	Application for an Associate Degree – Affiliated	Application for a New Non-Degree Program – Affiliated
Application for a Substantive Program Modification – Affiliated	Application for a Clock to Credit Hour Conversion – Affiliated	Program Modification – Non Substantive Modification – Affiliated
Application for use for “University” in the School Name Part – I	Application for use for “University” in the School Name Part – II	Application for a Change of Name Part II