**To be submitted in any instance where a portion of a program is offered by an entity other than the ACCSC accredited institution via any consortium, partnership, or contractual agreement *(Section IV (E)(6)(a)(vi), Rules of Process and Procedure, Standards of Accreditation)*. This report must be submitted at least 45 days before the agreement goes into effect. The school may not allow a portion of its curricula to be offered via any consortium, partnership, or contractual agreement prior to receiving approval.**

**A school may not award more than 50% of the total number of clock or credit hours required in a program via a consortium, partnership, or contractual agreement, with the exception of an approved teach-out plan or agreement (*Section II (A)(9)(b), Substantive Standards, Standards of Accreditation*).**

**GUIDELINES FOR SUBMISSION - PLEASE REVEW PRIOR TO SUBMISSION:**

1. 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).

2. 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.

3. 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.

4. 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:**

1. Electronic Submissions may not be transmitted to the Commission via e-mail.
2. The school’s response must be prepared in accordance with ACCSC’s [Instructions for Electronic Submission](http://www.accsc.org/UploadedDocuments/Instructions%20for%20Electronic%20Submission%204%201%202014%20web.docx) (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.
3. Please visit the ACCSC website for specific resources and guidance regarding how to successfully complete this application: [Forms and Reports](https://www.accsc.org/Forms-and-Reports/Forms-And-Reports.aspx)-Guidance/Sample Applications.ACCSC encourages the school to review this module prior to submitting this application.
4. Additionally, **do not copy and paste** answers from previous applications.

**I certify that the information herein and attached hereto is correct.**

**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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
|  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **School #** | **School Name** | **Type** | | **City** | **State** | **Degree Granting** | |
|  |  | Main: |  |  |  | Yes: |  |
| Branch: |  | No: |  |

|  |  |  |
| --- | --- | --- |
| **Contact Person** | **Phone** | **Email** |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program Title**  *(e.g. Business Administration)* | **Type of Program**  *(Check One)* | | **Length of Program**  *(in Months)* | **Full Credential & Abbreviation** | **Proposed Start Date** |
|  |  | Related |  |  |  |
|  | Unrelated |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructional Hours Taught by Partnership Entity** | | **Total Credit Hours Taught by Partnership Entity, if applicable** | | **Percentage of Program Taught by Partnership Entity** | **Externship Information**  *(Externship hours as listed on the Outline of a Degree Program; may include multiple courses)* | | **The Method of Delivery for Each Component of Training**  *(i.e., residential, distance education, etc.)* |
|  | **Semester Credit** | | **Quarter Credit** |  | **Clock**  **Hours** | **Credit Hours** |  |
|  | |  |  |  |

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| --- | --- | --- | --- |
| **Name of Partnership Entity** | **Recognized by another Agency** | | **If Yes, List Agency**  **(e.g. Programmatic accreditor; state, professional board)** |
|  | Yes |  |  |
| No |  |

**The school retains responsibility for the quality of the courses of study and programs offered, as well as the achievement of expected and acceptable outcomes, irrespective of any consortium, partnership, or contractual agreement entered into with a third party in order to provide any portion of a program or course of study.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
|  |  |  |  |

**Application Processing Fee**

Please mail a check directly to ACCSC for processing and include a statement identifying the corresponding applications(s). **Note**: Please ensure that the **Payment Submission Form** for this application is included and identifies the corresponding application(s), fee amount, and check number.

* Processing Fee of $1,500 per application.

Please note that should an application be deemed incomplete, the school will receive a request for additional information via email. If upon review of the additional information, the application is still incomplete, the school will receive a deferral letter requesting additional information and the school will be assessed a $150 application deferral fee for the submission of the additional information, which must be paid upon the submission of the additional information response.

**Required Supporting Documentation**

**A. Consortium Authorizations:**

1. Describe the school’s educational administration structure which assures the proper oversight of the proposed consortium/partnership agreement.
2. Provide a copy of the consortium/partnership contractual agreement.
3. Provide program approval from the state for the portion of the program to be offered via consortium/partnership contractual agreement.
4. If the partner is recognized by another agency, provide evidence of the partner’s status with the agency (e.g. Programmatic accreditor; state, professional board).

**Program and Instruction Information**

**B. Program Information:**

1. Please complete a Program Chart for each component of training to be offered by the non-ACCSC accredited entity.
2. Presentation of the program (**please do not include the entire catalog**) as it will appear in the catalog (Catalog Checklist item numbers 8, 27, 28, 30, 32, 33).
3. Instructional materials list: textbooks (**with publication year**), supplies, audio/visual aids, equipment, etc.
4. Identify the number of students assigned and describe the equipment available per work station.

**C. Facilities and Advertising**

1. Sketch of floor plan and layout of the facility where the training is offered.
2. Provide samples of the program’s proposed advertising and other promotional materials: brochures, television, radio, surveys, etc.

**D. Faculty Information**

1. List the instructor(s) of the training component to be offered by the non-ACCSC accredited entity and demonstrate that their qualifications are consistent with the faculty qualifications as found in *Section III (B)(5-8) Substantive Standards, Standards of Accreditation* by completing the following charts (as appropriate):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **School Name:** | | | | **School Number:** | | |
| **TECHNICAL/OCCUPATIONAL FACULTY** | | | | | | |
| **Instructor Name** | **Course(s) Taught**  *Title(s) / Number(s)* | **Degree Earned**  *Include: Subject, Credential, Year & Institution(s)* | **Practical Work Experience**  *(Note: Instructional experience does not qualify as practical work experience)* | | | |
|  |  |  | Job Title, Place of Employment, and Description of Work Experience | | **From** *(m/y)* | **To** *(m/y)* |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **School Name:** | | | **School Number:** | | | | |
| **FACUTLTY TEACHING GENERAL EDUCATION and OTHER COURSES** | | | | | | | |
| **Instructor Name** | **Course(s) Taught**  *Title(s) / Number(s)* | **Degree Earned**  *Include: Subject, Credential, Year & Institution(s)* | | **Related Subject Matter Credits Earned** | | | |
|  |  |  | | Course Number & Title | Credits | Type *(U/G)* | Year |
|  |  |  |  |
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**SUBMIT TO: Executive Director**

**Accrediting Commission of Career Schools and Colleges**

**210 1 Wilson Boulevard, Suite 302**

**Arlington, Virginia 2220**

**INSTITUTIONAL DEVELOPMENT: PAYMENT SUBMISSION FORM FOR APPLICATION SUBMISSIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **School(s) #** | **School(s)**  *(Please list all schools applicable to payment)* | **City** | **State** |
|  |  |  |  |
|

|  |  |
| --- | --- |
| **Application Type(s)**  \**Please refer to attached list for application types* | **Payment Amount(s)**  *(Enter payment amount for each application type)* |
|  |  |

|  |  |
| --- | --- |
| **Total Payment Amount** | C**heck 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 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 Non-Degree Program – Affiliated |
| Application for a Substantive Program Modification – Affiliated | Application for a Clock to Credit Hour Conversation – Affiliated | Program Modification – Non Substantive Modification – Affiliated |
| Application for use of “University” in the School Name Part – I | Application for use of “University” in the School Name Part – II | Application for a Change of Name Part II |
| Application for a Non-Degree Program with Expansion of Distance Education | Application for Approval of an Associate Degree Program with Expansion of Distance Education |  |