**To be submitted for a substantial increase or decrease (a cumulative modification of 25 percent or more from the original date of program recognition or the most recent accreditation review) in the clock hours or credit hours of an existing approved program (*Section IV (E)(6)(a)(i), Rules of Process and Procedure, Standards of Accreditation*).**

**If the school is making substantive modifications to one program offered at more than one affiliated school, do not complete this application. Please complete the Application for a Substantive Program Modification – Affiliated Schools.**

**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 and that distance education offerings have 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.**

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

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

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

 **Type of Substantive Program Modification** (*Please Check All That Apply*):

|  |  |
| --- | --- |
| [ ]  | Change in Clock Hours |
| [ ]  | Change in Credit Hours |
| [ ]  | Change in Type of Credit Hours |
| [ ]  | Program Name Change[[1]](#footnote-1) |
| [ ]  | Substantive Change in the Type of Credential Awarded *(e.g., occupational to academic associate degree)* |

**Program Information PRIOR to the Modification:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Title***(e.g. Business Administration)* | **Instructional Clock Hours** | **Total Clock Hours & Outside Prep Hours** | **Total Credit Hours** | **Type of Credit Hours** | **Full Credential & Abbreviation** | **Externship Information** *(Externship hours as listed on the Outline of a Degree Program; may include multiple courses)* |
|  |  |  |  | Semester:  |[ ]   | Total Externship Clock Hours: |  |
|  |  |  |  | Quarter:  |[ ]   | Total Externship Credit Hours: |  |

**Program Information AFTER the Modification:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Title***(e.g. Business Administration)* | **Instructional Clock Hours** | **Total Clock Hours & Outside Prep Hours** | **Total Credit Hours** | **Type of Credit Hours** | **Full Credential & Abbreviation** | **Externship Information** *(Externship hours as listed on the Outline of a Degree Program; may include multiple courses)* |
|  |  |  |  | Semester:  |[ ]   | Total Externship Clock Hours: |  |
|  |  |  |  | Quarter:  |[ ]   | Total Externship Credit Hours: |  |

**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 $750 per application[[2]](#footnote-2)

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. Documentation of State Authorization** (*Section IV (A)(4), Rules of Process and Procedures, Standards of Accreditation*)

1. Program approval from the state (or applicable regulatory agency) with the title and approved clock or credit hours. If the state (or applicable regulatory agency) does not require approval, documentation from the agency to that effect must be submitted.

**B. Justify the Implementation of the Substantive Change**

1. Explain fully the reason or basis for the program modification, including a side-by-side comparison between the existing curriculum and the proposed curriculum. This comparison should include the number of clock hours in each course and highlight the proposed substantive modifications to this program.
2. Attach Program Advisory Committee minutes demonstrating review and comment on the proposed modification.
3. For Non-Degree Programs provide an Outline of a Non-Degree Program or Allocation of Hours for Clock-Hour Programs, as applicable. For Degree Programs provide an Outline of a Degree Program.

**C. Adding Externship** (*Section II (A) (7), Substantive Standards, Standards of Accreditation*)

If the school proposes to add an externship for this program that has **not** been approved with the original approval of the program, please submit the following (*Section II (A)(7), Substantive Standards, Standards of Accreditation*):

1. Provide a written training plan or course syllabus that specifies the goals, educational objectives, and specific experiences and applications to be accomplished during the externship.
2. Submit documentation to demonstrate external validation if the proposed program includes any externship greater than one-third of the total length of the program, with the exception of cases where the length of the externship is due to requirements of another accrediting or certification agency. In such instances, schools must provide evidence of these requirements to the Commission. (*Section II (A)(7)(e), Substantive Standards, Standards of Accreditation*).
3. Attach any 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.
4. If the school intends to hire an externship supervisor/coordinator 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. If the school already has an externship supervisor/coordinator, complete the following chart.

List the faculty or staff member designated as the school employee who will supervise or coordinate the externship and demonstrate that they have, at a minimum, three years of related practical work experience in the occupational field associated with the training provided by completing the following chart.

|  |  |
| --- | --- |
| **School Name:** | **School Number:** |
| **EXTERNSHIP SUPERVISOR / COORDINATOR** |
| **INSTRUCTOR NAME** | **Proposed Program Course***Title(s) / Number(s)* | **Degree Earned***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)* |
|  |  |  |
|  |  |  |
|  |  |  |

**D. Non-Degree Program Modification – General Education**

If the school proposes to add general education courses to a non-degree program, please submit the following:

1. If the school plans to hire faculty to teach General Education courses, submit the specific hiring criteria and timelines of when faculty will be hired. If faculty have already been hired, complete the applicable chart below.

**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*).

|  |  |
| --- | --- |
| **School Name:**  | **School Number:** |
| **FACULTY TEACHING APPLIED GENERAL EDUCATION COURSES** |
| **Instructor Name** | **Proposed Program Course***Title(s) / Number(s)* | **Degree Earned***Include: Subject, Credential, Year & Institution(s)* | **Related Subject Matter Credits Earned** |
|  |  |  | Job Title, Place of EMPLOYMENT, AND Description of Work Experience | **From** *(m/y)* | **From *(m/y)*** |
|  |  |  |
|  |  |  |
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**-OR-**

**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 (B) (8) Substantive Standards, Standards of Accreditation*).

|  |  |
| --- | --- |
| **School Name:**  | **School Number:** |
| **FACULTY TEACHING ACADEMIC GENERAL EDUCATION**  |
| **Instructor Name** | **Proposed Program Course***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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**E. Associate Degree Modifications** (*Section III (B), Substantive Standards, Standards of Accreditation*)

If the school proposes to modify an **occupational** associate degree to an **academic** associate degree program, please submit the following:

1. If the school plans to hire faculty to teach Technical/ Occupational courses, submit the specific hiring criteria and timelines of when faculty will be hired. If faculty have already been hired, complete the applicable chart below.
2. List the faculty teaching technical and occupationally related courses in the academic associate degree program and demonstrate that they have a minimum of four years related practical work experience in the subject area(s) taught and that they possess a related degree at least at the same level of the course the faculty member is teaching by completing the following chart (**Note: *Instructional experience does not qualify as practical work experience***) (*Section III (B)(7), Substantive Standards, Standards of Accreditation*).

|  |  |
| --- | --- |
| **School Name:**  | **School Number:** |
| **FACULTY TEACHING TECHNICAL/OCCUPATIONAL & OTHER COURSES** |
| **INSTRUCTOR NAME** | **Proposed Program Course***Title(s) / Number(s)* | **Degree Earned***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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1. If the school plans to hire faculty to teach academic general education courses, submit the specific hiring criteria and timelines of when faculty will be hired. If faculty have already been hired, complete the applicable chart below.

Compete the following chart and list the faculty teaching **academic general education** courses in the occupational associate degree and demonstrate that they have, at minimum, a master’s degree with a minimum of 15 semester credit hours (or the equivalent) in related subject areas which support the curriculum content by completing the following chart (*Section III (B)(8), Substantive Standards, Standards of Accreditation*)*.* Provide the course title(s)/course number(s) for each course that the faculty member will teach in the proposed program.

|  |  |
| --- | --- |
| **School Name:**  | **School Number:** |
| **ACADEMIC GENERAL EDUCATION - FACULTY** |
| **Instructor Name** | **Proposed Program Course***Title(s) / Number(s)* | **Degree Earned***Include: Subject, Credential, Year & Institution(s)* | **Related Subject Matter Credits Earned***A minimum of 15 semester credit hours (or the equivalent) in related subject areas that support the curriculum content.* |
|  |  |  | Course Number & Title | Credits | Type *(U/G)* | Year |
|  |  |  |  |
|  |  |  |  |
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**SUBMIT TO: Executive Director**

 **Accrediting Commission of Career Schools and Colleges**

 **2101 Wilson Boulevard / Suite 302**

 **Arlington, Virginia 22201**

**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 |  |

1. If the Program Name Change is in conjunction with the program’s substantive modification. [↑](#footnote-ref-1)
2. Please submit one application per program (fee required for each program). If the school is making substantive modifications to a program at more than one school, do not complete this application. Please complete the Application for a Substantive Program Modification – Affiliated Schools. In addition, ensure that the Payment Submission Form for this application is included. [↑](#footnote-ref-2)