**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.**

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| **GUIDELINES FOR SUBMISSION** * The school must ensure that the provided **Institutional Development** **Payment Submission Form** is included with the submission. Please ensure that the form lists the correct school name, fee amount, and check information. If the school would like to submit payment via credit card, please contact the ACCSC office.
* The school must provide a response to all items in this application, along with any relevant supporting documentation. Please do not copy and paste information from previous applications. If the application is deemed incomplete, the Commission may determine that a new submission is needed prior to review.
* The completed application should include only the required information and not exceed **100 pages**. Unless specifically requested, do not provide copies of the full school catalog or information that does not pertain to the items in this application.
* Please review the entire submission prior to final 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.
* Incorrect application submissions will incur a $250 Incorrect Application Fee.
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| **ELECTRONIC SUBMISSION FORMAT REQUIREMENTS*** Electronic Submissions submitted via e-mail will not be processed. Please upload all submissions to the ACCSC College360 database. The school will receive an e-mail confirmation that the file has been received within 24 hours of the submission.
* The school’s response must be prepared in accordance with ACCSC’s Instructions for Electronic Submission (e.g., prepared as one continuous PDF document with the required bookmarks).
* Please visit the ACCSC website for specific resources and guidance regarding how to successfully complete and submit this application.
 |

**I have read and understand the Guidelines for Submission and the Electronic Submission 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.**

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

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

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| --- | --- | --- | --- | --- | --- |
| **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 |[ ]  Substantive Modification of Program Objectives |
|[ ]  Change in Credit Hours |[ ]  Clock/Credit Hour to Clock Hour Only |
|[ ]  Program Name Change[[1]](#footnote-1) |[ ]  Type of Academic Year (e.g. semester to quarter, etc.) |
|[ ]  Addition of an Externship |[ ]  Time Based/Non-Time-Based Method[[2]](#footnote-2) |
|[ ]  Change from Occupational to Academic Associate Degree |

**Program Information Prior to the Modification:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Title**(e.g. Business Administration) | **Instructional Clock Hours** | **Out-of-class work Hours** | **Total Credit Hours** | **Type of Credit Hours** | **Full Credential & Abbreviation** | **Modality** |
|  |  |  |  | Semester:  |[ ]   | Select Modality |
|  |  |  |  | Quarter:  |[ ]   |  |
|  |  |  |  | **Externship**  | **Clinical** |
|  |  |  |  | Total Clock Hours: |  | Total Clock Hours: |  |
|  |  |  |  | Total Credit Hours: |  | Total Credit Hours: |  |

**Program Information After the Modification:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Title**(e.g. Business Administration) | **Instructional Clock Hours** | **Out-of-class work Hours** | **Total Credit Hours** | **Type of Credit Hours** | **Full Credential & Abbreviation** | **Modality** |
|  |  |  |  | Semester:  |[ ]   | Select Modality |
|  |  |  |  | Quarter:  |[ ]   |  |
|  |  |  |  | **Externship**  | **Clinical** |
|  |  |  |  | Total Clock Hours: |  | Total Clock Hours: |  |
|  |  |  |  | Total Credit Hours: |  | Total Credit Hours: |  |

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| **Application Processing Fee**Please submit payment 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 school, 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 be assessed a **$250** additional information processing fee for the submission of the additional information, which must be paid upon the submission of the response.**Incorrect Application Fee**Please ensure that the school is utilizing the correct application. Upon review of the application, if determined that the school should have utilized a different application, a $250 Incorrect Application Fee will be assessed.  |

**Required Supporting Documentation**

1. **Documentation of State Authorization** (*Section I (D)(4)(b), Rules of Process and Procedure, Standards of Accreditation*)
2. 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.
3. **Justify the Implementation of the Substantive Change**
4. 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.
5. Attach Program Advisory Committee minutes demonstrating review and comment on the proposed modification.
6. 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, the required experience for the credential level of the program (*Section II (A)(7)(C), Substantive Standards, Standards of Accreditation*) by completing the following chart.

|  |
| --- |
| **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)* |
|  |  |  |
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**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.
2. If the 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*).

|  |
| --- |
| **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 III (B) (8) Substantive Standards, Standards of Accreditation*).

|  |
| --- |
| **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. 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*).

|  |
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| **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)* | # Years |
|  |  |  |  |
|  |  |  |  |
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1. If this information is not available, submit the specific hiring criteria and timelines when the faculty will be hired.
2. List the faculty teaching academic general education courses in the academic associate degree program and demonstrate that each faculty member has a master’s degree with appropriate academic coursework and preparation in the subject area(s) taught. (**Note:** ***Faculty teaching academic general education must have a minimum of 15 semester credit hours (or the equivalent***) in related subject areas.) (*Section III (B)(8), Substantive Standards, Standards of Accreditation*).

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| --- |
| **FACULTY TEACHING GENERAL EDUCATION COURSES** |
| **INSTRUCTOR NAME** | **Proposed Program Course***Title(s) / Number(s)* | **Degree Earned***Year & Institution(s)* | **Related Subject Matter Credits Earned** |
|  |  |  | Course Number & Title | Credits | Type (U/G) | Year |
|  |  |  |  |
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1. If this information is not available, submit the specific hiring criteria and timelines when the faculty will be hired**.**

**INSTITUTIONAL DEVELOPMENT**

**PAYMENT SUBMISSION FORM FOR APPLICATION SUBMISSIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL #(s)** | **SCHOOL NAME(s)** | **CITY** | **STATE** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **APPLICATION TYPE(s)** | **NAME OF PROGRAM(s)**(*if applicable*) | **PAYMENT AMOUNT(s)**(*Enter payment amount for each application type*) |
|  |  |  |

|  |  |
| --- | --- |
| **TOTAL PAYMENT AMOUNT** | **CHECK NUMBER** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CONTACT PERSON** | **TITLE** | **PHONE NUMBER** | **EMAIL** |
|  |  |  |  |

**\* Please submit a payment submission form with each check payment.**

**Submit To: Operations Department**

 **Accrediting Commission of Career Schools and Colleges**

 **2101 Wilson Boulevard, Suite 302**

 **Arlington, VA 22201**

1. If the program name change is in conjunction with the substantive modification. [↑](#footnote-ref-1)
2. Please contact ACCSC prior to submitting this type of substantive modification. [↑](#footnote-ref-2)