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**To be submitted for the addition of a concentration to an existing approved baccalaureate degree or master’s degree program (S*ection IV (E)(6)(a)(i), Rules of Process and Procedure, Standards of Accreditation*). NOTE: Total credit hours for a concentration in a baccalaureate degree must be between 18-24 semester hours (27-36 quarter hours) (S*ection II (C)(3)(d), Substantive Standards, Standards of Accreditation*). Total credit hours for a concentration in a master’s degree must be between 6-12 semester credit hours (9-15 quarter credit hours) of occupationally specialized course work (S*ection II (C)(4)(b (iii), 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 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.**

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

|  |  |  |
| --- | --- | --- |
| **Contact Person** | **Phone** | **Email** |
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**Current Program Information:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 WITH the Addition of Concentration:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |  |

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

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| --- | --- | --- | --- |
| **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 $750 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. Documentation of State Authorization**

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** (*Section II (C) (3) (d) and (4) (b) (iii), Substantive Standards, Standards of Accreditation*)

1. The institution’s rationale for adding the concentration and describe its relation to the existing program(s), including a side-by-side comparison between the existing curriculum and the proposed curriculum.
2. An **Outline of a Degree Program for a Baccalaureate Degree or Master’s Degree with Concentrations** and corresponding course description for each course. (**Note**: *The total credit hours for a program with multiple concentrations* ***must be*** *the same regardless of the concentration selected.*)
3. Provide proposed program budget showing the future allocation of financial resources for the development and implementation of the concentration. This should include a description of resources that have been dedicated to enhance faculty, learning and research materials, the learning resource system, and facility in support of the addition of the concentration.

**C. Program Advisory Committee** (*Appendix III-Program Requirements, Substantive Standards, Standards of Accreditation*)

1. 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** | | | | | | | |
| **Advisory Committee Member’s Name** | **Title**  **Company**  **Address**  **City, State** | **Telephone Number**  **Email Address** | | **Review Responsibilities**  *(Check as applicable)* | | | |
| Employer / Practitioner | Educator, Regulator, etc. | Master’s degree | Distance Education |
|  |  |  | |  |  |  |  |

1. Submit minutes of the PAC meeting(s) to demonstrate the committee’s *review* and *comments* on the proposed degree concentration including the appropriateness of the **curriculum objectives, content**, and **length**.

**D. Faculty Information** *(Section III (B), Substantive Standards, Standards of Accreditation*)

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

Complete the following chart by listing the faculty teaching concentration courses and demonstrate that they have a minimum of four years’ related practical work experience in the subject area(s) taught (**Note:** *Instructional experience does not qualify as practical work experience*)**.** Faculty must also possess a related degree at least at the same level as the course the faculty member is teaching*.* In addition, provide the course title(s)/course number(s) for each course that the faculty member will teach in the proposed concentration.

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| --- | --- | --- | --- | --- | --- | --- |
| **School Name:** | | | **School Number:** | | | |
| **TECHNICAL/OCCUPATIONAL FACULTY** | | | | | | |
| **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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**E. 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:

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 (*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. 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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)* | **# of Years** |
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1. 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.

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

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| --- | --- |
| **Total Payment Amount** | C**heck Number** |
|  |  |

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| --- | --- | --- | --- |
| **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 |  |