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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*).**

**Total credit hours for a concentration in a baccalaureate degree must be between 18-24 semester hours (27-36 quarter hours) and the total credit hours for a concentration in a master’s degree must be between 6-12 semester credit hours (9-18 quarter credit hours) of occupationally specialized course work (S*ection II (C)(3)(d)* and *(C)(4)(b)(iii), Substantive Standards, Standards of Accreditation*).**

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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.
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**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.**

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| **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** |
|  |  |  |

**Current Program Information:**

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

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| --- | --- | --- | --- | --- | --- | --- |
| **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.* Application for a Substantive Modification – Addition of Concentration: **$750**

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 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**

**A. Documentation of State Authorization** (*Section I (D)(4)(b), Rules of Process and Procedure, 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. Justification for 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 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*.*

|  |  |
| --- | --- |
| **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.
2. If faculty have already been hired, 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 (*Section III (B) (7), Substantive Standards, Standards of Accreditation*) (**Note:** *Instructional experience does not qualify as practical work experience*)**.** Faculty teaching in a baccalaureate degree program must also possess a related degree at least at the same level as the course the faculty member is teaching*.* In addition, for faculty teaching in a master’s degree, at a minimum, at least 50% of graduate level courses included in a master’s degree program must be taught by faculty members who possess a minimum of four years of related practical work experience and an earned doctorate degree or other terminal degree in a related field of study. The remaining 50% of the courses may be taught by faculty who possess a minimum of four years of related practical work experience and a master’s degree in a related field of study or a master’s degree in an unrelated field of study with 18 semester credit hours or 27 quarter credit hours of graduate level education in the subject area taught (*Section III (B0 (10) (a), Substantive Standards, Standards of Accreditation*). (**Note:** *Instructional experience does not qualify as practical work experience*). In addition, include the course title(s)/course number(s) for each course that the faculty member will teach in the proposed concentration.

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| **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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| **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.

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