**To be submitted for Commission approval prior to the implementation of a non-degree program.**

**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 this non-degree program has 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** |
|  |  |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructional Hours** | **Total Instructional Hours & Outside Prep Hours** | **Total Credit Hours** | |  | **Externship[[1]](#footnote-2) and/or Clinical Experience[[2]](#footnote-3) Information** | | |
| **Semester Credit** | **Quarter Credit** |  |
|  |  |  |  |  | Total | Externship | Clinical |
|  | Clock Hours: |  |  |
|  | Credit Hours: |  |  |
|  |

|  |  |  |
| --- | --- | --- |
| **PROGRAM DELIVERY METHOD (***Select One)***:** | **YES** | **NO** |
| Is the school seeking to offer the proposed program via distance education? | ☐ | ☐ |

**Please note that if the school intends to offer the proposed program via distance education (i.e., 100% online / hybrid), the school must submit the appropriate application (i.e. Application for Expansion of Distance Education Approval or Application for Initial Distance Education Approval), at the same time as this application.**

**Application Processing Fee**

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

* 1st School application: $1,250
* Any additional **simultaneous and concurrent**[[3]](#footnote-4) applications submitted for an affiliated school: $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 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.

**Details of the Proposed Program**

**A. Justification for The Institution to Offer the Proposed Program** (*Section II (A)(2), Substantive Standards, Standards of Accreditation*)

1. Provide the school’s current mission statement.
2. How is the proposed curriculum consistent with the institution’s mission and other institutional goals and objectives?

**B. Related or Unrelated Program**

A related non-degree program is defined as related to at least one approved non-degree or degree program(s) currently offered at the school that has reportable student achievement rates. If the proposed program is unrelated move to the next section (C.).

1. Does the related program have reportable student achievement rates?

|  |  |
| --- | --- |
|  | YES - Provide a copy of the graduation and employment chart submitted with the most recent Annual Report. |
|  | NO – This program will be approved as unrelated and will require a visit. |

1. Complete the following side-by-side to demonstrate the substantively similar courses currently offered at the institution for the related program (add additional lines to the chart as needed):

|  |  |  |  |
| --- | --- | --- | --- |
| CURRENTLY APPROVED PROGRAM  Program name: | | PROPOSED PROGRAM  Program Name: | |
| Course Number | Course Title | Course Number | Course Title |
| *Ex: MED105* | *Medical Terminology* | *Ex: HCT107* | *Health Care Terminology* |
|  |  |  |  |
|  |  |  |  |

1. Explain the relationship of the proposed related program to the programs currently offered at the school in the following areas:

* Educational Objectives
* Employment Opportunities and Licensure
* Faculty
* Resources

**C. Viability of the Proposed Program**

1. Include a data-driven assessment of potential student **enrollment:**
   * Provide local and national factors that may affect the proposed program’s enrollments.
   * What other education institutions offer the same or similar program (e.g. competing institutions/programs).
   * From the data above, provide a brief description as to how competing institutions offering similar programs, may impact the school’s enrollment and retention of students enrolled in the proposed program.
2. Provide enrollment projections of the proposed programs for the next three fiscal years.

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Projected Enrollment** | **Projected Capital Investment** | **Projected Expenses** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Provide an analysis of the local and national **demand for graduates** from the program’s area of study (must include data from reputable sources, graphics illustrating comparative graduation and employment rates from similar programs offered competing institutions etc.).

Evaluation should include information about each of the following:

* + Needs of employers;
  + Local employment outlook;
  + Earning potential for graduates;
  + Need for training; and
  + Local and national factors that may affect the proposed program’s graduation outcomes.

1. Has the school previously been approved to offer a program with similar program objectives?

|  |  |
| --- | --- |
|  | YES |
|  | NO |

If yes, explain the reasons for the previous discontinuation of the program and describe how the school determined the success of the proposed program going forward.

**D. Program Design, Development, and Organization** (*Section II (A)(2, 3 & 4), Substantive Standards, Standards of Accreditation*)

1. Describe the step by step process the school underwent to design the curriculum **of the proposed program**. (Include ways the school sought information from internal and external resources, subject matter experts, etc.)
2. Describe the school’s ongoing systematic and evidence-based process to evaluate programmatic curriculum and course content for the proposed program (*Section II (A)(4)(a), Substantive Standards, Standards of Accreditation*).
3. How did the school determine that the courses within the proposed non-degree program represent college level course work (*Section II (A)(2), Substantive Standards, Standards of Accreditation*)?
4. How did the school determine the length of the proposed program is appropriate to enable students to achieve the program objectives?
5. How did the school determine the necessary amount of didactic, supervised laboratory, and externship hours for students to achieve learning outcomes in this proposed program (*Section II (A)(3) & Appendix III, Substantive Standards, Standards of Accreditation*)?
6. Provide a breakdown of the estimated number of hours students will spend *each week* in class, lab, and on outside/ out-of-class work (i.e. homework) (outside work is only applicable to credit hour programs).

|  |  |  |
| --- | --- | --- |
| In Class | In Lab | On Outside Work |
|  |  |  |

1. Submit an Outline of a Non-Degree Program **or** the Allocation of Hours for Clock Hour Programs (for Clock hour only programs), as applicable (available on the ACCSC website) [[4]](#footnote-5) (Note: Course credit hours may only round down to the nearest whole or half credit.)
2. Provide course descriptions for each course required for completion of the proposed non-degree program.

**E. Documentation of State Authorization** (*Section IV (A)(3)(iv), Substantive Standards, Standards of Accreditation*)

1. Provide program approval from the state (or applicable regulatory agency) with the title and approved clock and credit hours (**The state approved clock and credit hours and program information must match the proposed program information as noted in this application**).

**-or-**

If the state requires Commission approval prior to final state approval, please provide a copy of the institutional recognition/licensure from the state (e.g. State licensure to operate an accredited institution, License by means of accreditation).

1. Is programmatic accreditation required for graduates to seek licensure in the specific field? (*Section II (A)(1), Substantive Standards, Standards of Accreditation*):

|  |  |
| --- | --- |
|  | YES |
|  | NO |

Does the school plan to apply or has the school applied for programmatic accreditation related to the proposed program?

|  |  |
| --- | --- |
|  | YES |
|  | NO |

If the school checked “YES” to one or both from above, provide the following:

* A narrative regarding the school's intent/plans for seeking such accreditation;
* A timeline for obtaining accreditation;
* Any specific hiring criteria for program chairs and/or faculty; and
* The programmatic accreditor’s standards and requirements relative to licensure, if applicable.

1. Is licensure required for graduates to gain employment in the field related to the proposed program?

|  |  |
| --- | --- |
|  | YES - Provide a copy of a drafted licensure disclosure (i.e., website, catalog) that will be provided to potential applicants disclosing the licensure requirements (e.g. licensure examination) expected to be completed after graduation from the proposed program. |
|  | NO |

1. Is the student required (by the school and/or state) to complete and pass a national certification exam to gain employment in the related field?

|  |  |
| --- | --- |
|  | YES - provide a copy of a drafted licensure disclosure (i.e., website, catalog) that will be provided to potential applicants disclosing the licensure requirements (e.g. licensure examination) expected to be completed after graduation from the proposed program. |
|  | NO |

**F. Student Instructional Materials for the Program** (*Section II (A)(5)(a), Substantive Standards, Standards of Accreditation*)

1. Provide a list of the textbooks, instructional aids, and training materials that will be required of the student to obtain for this program. Include **publication dates for textbooks**.
2. In what way are these materials sufficiently comprehensive and how do they reflect current occupational knowledge?

**G. Institutional Materials and Equipment for the Program** (*Section II (A)(5)(b-c), Substantive Standards, Standards of Accreditation)*

1. Does the school intend to expand existing facilities? If so, has the school submitted the appropriate and required report/application (e.g., Facility Expansion Report or Application for a Satellite Location)?
2. Does the school plan to enhance the existing facilitiesto accommodate the offering of the proposed program? If so, what enhancements will be made?
3. Describe any equipment the school currently possesses for the proposed program **and** the equipment the school will obtain for the proposed program?
4. Provide proposed **program budget** showing the future allocation of financial resources to support the program including resources for faculty salaries, educational materials, learning resource materials, supplies/equipment, advertising and how this is sufficient to operate the new program.

**H. Program Disclosures/Catalog Presentation** (*Section IV (C), Substantive Standards, Standards of Accreditation)*

* + - 1. Provide a draft catalog presentation of the proposed non-degree program as it will appear in the applicable sections of the catalog and include only the relevant items as listed below specific to the proposed non-degree program (**do not include a copy of the school’s complete current catalog**) (*Section IV (C)(1), Substantive Standards, Standards of Accreditation*)*:*
* Maximum number of students in a classroom or laboratory (Catalog Checklist, Item #7).
* The school’s admissions requirements (Catalog Checklist, Item #8).
* A description of the proposed program **only** (Catalog Checklist, Items #25, #27, #28, #30, #32, #33).
* Graduation requirements (Catalog Checklist, Item #17).
* The credential to be awarded upon completion of the proposed degree program (Catalog Checklist, Item #35).

**Institutional Preparation for the Proposed Program**

**I. Faculty Qualifications** (*Section III (B), Substantive Standards, Standards of Accreditation*)

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.

Complete the following chart by listing the faculty teaching technical and occupationally related courses in the non-degree program and demonstrate that they have a minimum of three years related practical work experience in the subject area(s) taught (*Section III (B), Substantive Standards, Standards of Accreditation*). (**Note: *Instructional experience does not qualify as practical work experience.***) In addition, 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:** | | | |
| **TECHNICAL/OCCUPATIONAL FACULTY** | | | | | | |
| **Instructor Name** | **Proposed Program Course**  *Title(s) / Number(s)* | **Degree Earned**  *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)* | **# of years[[5]](#footnote-6)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Does the proposed program include General Education courses?

|  |  |
| --- | --- |
|  | **YES –** (if yes, please answer the following questions) |
|  | **NO –** (if no, please proceed to section J) |

3. 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)*** |
|  | |  |  |
|  | |  |  |
|  | |  |  |

**-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 (A)(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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**J. Program Advisory Committee** (*Section II (A)(4) (b)& Appendix III, (Substantive Standards, Standards of Accreditation*)

1. Provide a list of the Program Advisory Committee members (**Note**: *Program Advisory Committees must be comprised of at* ***least three member****s in attendance 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 non-degree program including the appropriateness of the **curriculum objectives, content**, and **length** (*Appendix III, Substantive Standards, Standards of Accreditation*).

**K. Learning Resource System** (*Section II (A)(6), Substantive Standards, Standards of Accreditation*)

1. Provide a narrative regarding how the school’s learning resource system meets objectives of the proposed program. Include elements such as:
   * Relevant and current texts and periodicals
   * Research journals and databases
   * Standard works of reference
   * Multi-media and/or electronic resources
   * Electronic library resource technologies
2. If the school plans to hire a learning resource system (LRS) supervisor, submit the specific hiring criteria to be used and the timeline for when the position will be filled. If the school already has an LRS supervisor, complete the following chart.

Complete the following chart and demonstrate that the school has an individual qualified to oversee and supervise the learning resource system (*Section II (A)(6)(d), Substantive Standards, Standards of Accreditation*).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Name:** | | | **School Number:** | | |
| **LRS SUPERVISOR** | | | | | |
| **Staff Name** | **Position** | **Degree/Credential Earned** *(Year)* | **Description of Work Experience and/or Training for the Position** | **From** *(m/y)* | **To** *(m/y)* |
|  |  |  |  |  |  |

**L. Management and Administration** (*Section III (A)(1), Substantive Standards, Standards of Accreditation*)

1. If the school plans to hire a Program Head and/or any other management personnel, submit the specific hiring criteria to be used and the timeline for when the position(s) will be filled.
2. Complete the following chart to demonstrate that the school has sufficient educational administration to support the proposed non-degree program specific to the Director of Education (e.g., lead faculty, department chair, dean, etc.) (*Section III (A)(1), Substantive Standards, Standards of Accreditation*).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Name:** | | | **School Number:** | | |
| **MANAGEMENT PERSONNEL** *(Include Director of Education and Program Head)* | | | | | |
| **Staff Name** | **Position** | **Degree/ Subject/ Credential Earned** *(Year)* | **Description of Work Experience and/or Training for the Position** | **From** *(m/y)* | **To (***m/y)* |
|  |  |  |  |  |  |

**Clinical or Externship**

**M. Clinical / Practicum Hours**

1. Does the proposed program include clinical or practicum hours? (Note: These hours are hands-on practice based hours that occur off-site and are supervised by a faculty member). If yes, please provide the following:
   * A detailed narrative describing the clinical/practicum, including information regarding the types of off-site facilities used and justification regarding the number of clinical/practicum hours required (i.e. programmatic accreditation and/or state requirements); and
   * The clinical/practicum evaluation criteria, including a copy of the evaluation form, which will be utilized by the supervising faculty member at the clinical site to assess the students’ attainment of the training objectives of the clinical/practicum.

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

1. Does the proposed program include an externship? (Note: An externship is a component of a program that is offered in a bona fide occupational setting for which training and education are provided) If **yes**, provide the following:

* A written training plan or course syllabus that identifies the students’ goals, as well as the applications and experiences that are to be accomplished during this specific externship (i.e., technical skills, knowledge)(*Section II (A)(7)(b), Substantive Standards, Standards of Accreditation*).
* The 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 in this specific externship.

1. 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.

Information regarding the faculty or staff member who will supervise or coordinate this externship on the chart below(*Section II (A)(7)(c), Substantive Standards, Standards of Accreditation*).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Name:** | | | **School Number:** | | |
| **EXTERNSHIP SUPERVISOR / COORDINATOR** | | | | | |
| **Instructor Name** | **Proposed Program Course**  *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)* |
|  |  |  |
|  |  |  |
|  |  |  |

1. Note that **any externship that is greater than one-third** of the total length of the program requires review and approval by the Commission, 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*). If the school is adding an externship or increasing the number of externship clock and/or credit hours whereby the externship exceeds one-third the total length of the program, provide the following:
   * + - * Justification as to how the externship length is appropriate for the program, content, and objectives.
         * If the externship length is required by the state, programmatic accreditor, or other regulatory authority, please explain the specific regulatory requirements **and** provide documentation (i.e. regulatory agency requirements and correspondences) that supports the justification and/or requirement for the externship length.

**SUBMIT TO: Operation Department**

**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. Hours and credits must match the hours and credits listed on the Outline of a Non-Degree Program and may include multiple courses. [↑](#footnote-ref-2)
2. Please refer to item #12 of this application if the program includes clinical experience hours/credits. [↑](#footnote-ref-3)
3. The Affiliated school must submit an application at the same time and for the exact same program. This fee is **not** applicable for already approved programs at other campuses. Instead, please submit the affiliated non-degree program application. [↑](#footnote-ref-4)
4. The estimated number of hours (clock or credit) awarded per course must conform to generally accepted practice in higher education (e.g. 3 semester credit hours / 4 quarter credit hours) (*Section II (A)(3)(g), Substantive Standards, Standards of Accreditation*). [↑](#footnote-ref-5)
5. List the faculty’s number of related practical work experience in the subject area(s) taught. [↑](#footnote-ref-6)