**Remember to visit the *Preparing a Successful Application* document for more detailed instructions.**

**To be submitted for Commission approval prior to the implementation**

**of a new baccalaureate degree program.**

**Take time to review the PDF version after completion to ensure it is readable, the bookmarks work, and all pages are turned for easy viewing.**

**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.

**Don’t forget to sign and date!**

**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 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: | [ ]  |

**\*** Please note, if this is the school’s first baccalaureate degree program, then this application is a Substantive Change Level II and must be reviewed and approved by the full Commission at one of its scheduled meeting.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Title***(e.g. Business Administration)* | **Type of Program***(Check all that apply)* | **Length of Program***(in Months)* | **Full Credential & Abbreviation** | **Proposed Start Date** |
|  |[ ]  Related\* |  | Select the Credential |  |
|  |[ ]  Unrelated |  |  |  |
|  |[ ]  Degree Completion |  |  |  |
|  |[ ]  With concentrations |  |  |  |

\*Please note: A related degree program is defined as related to an approved degree program(s) currently offered.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Distribution***(Must match the Outline of a Degree Program form)* | **Standards****Semester/ Quarter Credit Hour Requirements** | **Credit Hours** |  | **Externship[[1]](#footnote-1) and/or** **Clinical Experience[[2]](#footnote-2) Information**  |
| **Semester Credit Hours** | **Quarter Credit Hours** |  |
| Technical/Occupational | 60/90**All information listed in the tables should match the program outline *and* state approval, as applicable.**  |  |  |  | Total | Externship | Clinical |
| General Education | 30/45 |  |  |  |
| Other | 0/0 |  |  |  | Clock Hours: |  |  |
| Total  | 120/180 |  |  |  | Credit Hours:  |  |  |

|  |  |  |
| --- | --- | --- |
| **PROGRAM DELIVERY METHOD (***Select One)***:** | **YES[[3]](#footnote-3)** | **NO** |
| Is the school seeking to offer the proposed program via distance education?  | ☐ | ☐ |

**\*\*\***

**Application Processing Fee**

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.

**Make sure the Payment Submission Form clearly identifies the school and the type of application. Also, did the school submit a payment for the correct amount?**

* 1st School application: $1,500
* Any additional **Simultaneous and concurrent** affiliated[[4]](#footnote-4) school application: $750

**Please note**, 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.

**Include a brief narrative on how the new program is consistent with the institutional mission.**

1. How is the proposed curriculum consistent with the institution’s mission and other institutional goals and objectives?

**B. Related or Unrelated Program**

A related degree program is defined as related to an approved degree program(s) currently offered by each school listed below.

1. If the proposed program is related, explain the relationship of the proposed related program to the programs currently offered at the school in the following areas:
* Curricula
* Educational and Occupational Outcomes
* Program Advisory Committee
* Faculty
* Facilities and 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 that may offer the same or similar program (e.g. competing institutions/programs).
2. 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.).

**Use local data to support the need for the program – Narrative should include:**

**An analysis of expected job opportunities for graduates.**

**Address potential competition in the area – are there a lot of other schools offering a similar program? If so, why do you think it will be viable for your school?**

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. Provide a detailed justification as to how the completions of a bachelor degree will be more beneficial to graduates than the completion of an associate degree.
2. Did the school previously offer and discontinue the proposed program?

|  |
| --- |
|[ ]  YES |
|[ ]  NO |

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

**D. Program design, development, evaluation, and organization** (*Section II (A)(2) and (4), Substantive Standards, Standards of Accreditation*)

**Include a complete narrative of the school’s process used for curriculum development, i.e., who is involved, how the school determined what courses to include, and the process to determine appropriate distribution of class/lab/externship.**

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*).

**Explain how the school will incorporate review of this program as part of the overall institutional planning and assessment process with a focus on evaluation of student learning outcomes.**

1. Provide a narrative justifying the length of the proposed program and how the length of the program is appropriate to enable students to achieve the program objectives.
2. Explain how the school determined that the breakdown of the number of clock hours/credit hours for technical/occupationally related courses and general education courses is appropriate for didactic, supervised laboratory, and externship.
3. 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. Provide the institutional **processes** and **procedures** used to determine the average amount of time expected for outside of class preparation

**The total clock and credit hours on the outline must be the same as the information provided on page one of the application and the State Approval (if applicable).**

1. An Outline of a Degree Program (available on the ACCSC website). If the degree includes concentrations, please complete and submit an Outline of a Baccalaureate with concentrations.

**Include sufficient information to demonstrate that the school is prepared to offer a degree program or move to a higher degree level. Remember, the Director of Education must have a credential that is one level higher than the degree level offered. In addition, faculty qualifications may change.**

1. Provide course descriptions for each course required for completion of the proposed program[[5]](#footnote-5). (**Note**: *Course credit hours may only round down to the nearest whole or half credit.*)
2. **If proposed program is the first Degree program at the school:** Provide the school’s future plans to enhance its infrastructure to accommodate the degree program in the area of student services (i.e. Student advising, disability support, employment assistance):

**E. Documentation of State Authorization and Programmatic Accreditation** (*Section IX (A) (3)* and *Section II (A)(1), Substantive Standards, Standards of Accreditation*)

**State approval is critical! Without state approval or documentation of licensure by means of accreditation we cannot process the application. Sending in the application while you are waiting for state approval does not put you ahead of others with complete applications in the review queue!**

**- - - -**

**If the state approval includes program name, clock and/or credit hours - make sure information provided in the application matches the state approval.**

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 ( Note: Copyright dates are not publication dates)**
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.

**Include only the program budget, not the entire school budget.**

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

**Remember – this is a draft of what you plan to put in the catalog for the new program. Please only include the items requested.**

1. Provide a draft catalog presentation of the proposed 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 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).
* Admissions requirements (Catalog Checklist, Item #8).
* A description of the proposed program (Catalog Checklist, Items #11, #12, #14).
* Graduation requirements (Catalog Checklist, Item #22).
* The credential to be awarded upon completion of the proposed degree program (Catalog Checklist, Item #23).

**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.

**Fill out table completely.**

**Include the Month and Year for Practical Work Experience. Also remember that teaching does not qualify as Practical Work Experience.**

**Take a moment to add up the number of years of work experience prior to submission so you know the faculty member will meet the necessary requirements.**

Complete the following chart by listing the faculty teaching technical and occupationally related courses in the baccalaureate degree program and demonstrate that faculty teaching in the baccalaureate program have a minimum of four years of related practical work experience in the subject area(s) taught **and** possess a related degree at least at the same level of the course the faculty member is teaching (*Section III (B)(7), 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***Include: Subject, Credential, Year & Institution(s)* | **Practical Work Experience*** + Minimum of four (4) years’ work experience in the subject area
	+ Possess a related degree at least at the same level of the course the faculty member is teaching
	+ 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. If the school plans to hire faculty to teach General Education or other 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.

**Faculty members teaching more than one course, and are in different subject areas, must have 15 semester credit hours *per* related subject area taught.**

Complete the following chart by listing the faculty teaching academic general education courses in the baccalaureate degree program and demonstrate 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 (*Section III (B)(8 & 9), Substantive Standards, Standards of Accreditation*). 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:** |
| **FACUTLTY TEACHING GENERAL EDUCATION and OTHER COURSES** |
| **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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

1. Provide a list of the local Program Advisory Committee members for each campus (**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 program including the appropriateness of the **curriculum objectives, content**, and **length.**  *(Section II (A)(6)(d)(iii), Substantive Standards, Standards of Accreditation).*

**PAC minutes *MUST* demonstrate that the PAC reviewed and discussed all defined areas of review for a new program!**

**K. Learning Resource System** (*Section II (A) (7) 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 proposed program is the first Degree program at the school:**Provide the school’s future plans to enhance its infrastructure to accommodate the degree program in each of the following areas:
* Incorporated technology to assist with interaction between faculty and students;
* Multimedia technology use for program instruction;
* Library audio and visual resources (e.g., podcast, audio blogs, drawings, etc.); and,
* Library link resources (e.g., other databases)
1. 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 chart below

**If the school offers baccalaureate degrees or higher, the LRS Supervisor must have a MLS or a MLIS degree.**

Complete the following chart and demonstrate that the school has an individual qualified to oversee and supervise the learning resource system (*Section II (A)(7)(c), 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 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*).

**Be sure to list the *Director of Education* at the campus. This is the primary person overseeing the school’s programs and educational administration. Also include the *program chair*.**

|  |  |
| --- | --- |
| **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) (8) Substantive Standards, Standards of Accreditation):

1. Does the proposed program include an externship? 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)(8)(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 currently 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)(8)(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 (*Section II (A)(8)(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: Executive Director**

 **Accrediting Commission of Career Schools and Colleges**

 **2101 Wilson Boulevard / Suite 302**

 **Arlington, Virginia 22201**

**Take a few moments to review your entire application!**

**Does the program information provided on Page 1 align with the program clock and credit hours (if appropriate) on the Non-Degree Program Outline or Allocation of Clock Hours form?**

**Did you provide either a narrative or back-up documentation for all items listed?**

**Is the submission free of typos and discrepancies?**

**Is the narrative succinct, specifically addressing the questions asked?**

**Did you fill out each chart with all the necessary information?**

**Did you attach all supporting documentation (i.e., state approval, program outline, etc.)?**

**Is the PDF one continuous document and bookmarked?**

**Do the bookmarks work?**

**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* | **program title(s)/Credential****(*if applicable*)** | **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 New Non-Degree Program  | Application for a Satellite Location | Application for a Substantive Program Modification |
| Application for a Substantive Program Modification Addition of Concentration | Notification of Modification to School Ownership | 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 New 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 |

1. Hours and credits must match the hours and credits listed on the Outline of a Degree Program and may include multiple courses. [↑](#footnote-ref-1)
2. Please refer to item #14 of this application if the program includes clinical experience hours/credits. [↑](#footnote-ref-2)
3. 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), as applicable. [↑](#footnote-ref-3)
4. An affiliated school means a main school and its branch campus(es) or a group of schools (i.e., main schools and/or branch campuses) under common ownership or the same corporate organizational structure. . As such, if the school is applying for a new program at affiliated system school(s), the processing fee is $750 for an affiliated school. Note that the school (s) must submit application at the same time and for the exact same program. . [↑](#footnote-ref-4)
5. 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)