**To be submitted for non-substantive modifications to an existing approved program which result in a cumulative change of less than 25 percent (from the original date of program recognition or the most recent accreditation review) in the program’s instructional clock hours or credit hours, or other changes as listed below. Please submit a separate form for each program to be modified. In the event that it is determined that the program modification is in fact a substantive change, a school will be required to submit the appropriate substantive change application (*Section IV (B)(2)(a), Rules of Process and Procedure, 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 application prior to final submission to ensure that all required information is provided, that all intended attachments are included, and that the submission is free of errors and typos. * Incorrect application submissions will incur a $250 Incorrect Application Fee. |

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| **ELECTRONIC SUBMISSION FORMAT REQUIREMENTS**   * Electronic Submissions submitted via e-mail will not be processed. Please upload all submissions to the ACCSC College360 database. The school will receive an e-mail confirmation that the file has been received within 24 hours of the submission. * The school’s response must be prepared in accordance with ACCSC’s Instructions for Electronic Submission (e.g., prepared as one continuous PDF document with the required bookmarks). * Please visit the ACCSC website for specific resources and guidance regarding how to successfully complete and submit this application. |

**I have read and understand the Guidelines for Submission and the Electronic Submission Format Requirements set forth above and I further understand that a failure to adhere to these guidelines and requirements will result in either a delay in the processing of or return of this application.**

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

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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 |  |

**If the school is making modifications to one program offered at more than one affiliated school, do not complete this application. Please complete the Program Modification Report – Non-substantive Modification (Affiliated Schools).**

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

**Type of Program Modification** *(Please Select All That Apply[[1]](#footnote-2)):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **$350 Processing Fee Required** *(per program)* | |  | **No Fee Required[[2]](#footnote-3)** | |
|  | Change in Instructional Clock Hours |  |  | Program Name Change |
|  | Change in Credit Hours |  |  | Change in the Type of Credential Awarded (e.g., certificate to diploma, AS to AAS) or change from Academic Degree to Occupational Degree |
|  | Change in Externship Hours[[3]](#footnote-4) |  |  | Change in Number of Outside Prep Hours (no change in instructional clock hours or credit hours) |
|  |  |  |  | Change in Avocational or Continuing Education Course |
|  |  |  |  |  |

**Program Information Prior to the Modification:**

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

**Program Information After the Modification:**

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

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| **Application Processing Fee**  Please submit payment to ACCSC for processing and include a statement identifying the corresponding applications(s). **Note**: Please ensure that the **Payment Submission Form** for this application is included and identifies the corresponding application(s), fee amount, and check number.   * Processing Fee of **$350** per school, per application, if applicable.   Please note that should an application be deemed incomplete, the school will receive a request for additional information via email. If upon review of the additional information, the application is still incomplete, the school will be assessed a **$250** additional information processing fee for the submission of the additional information, which must be paid upon the submission of the response.  **Incorrect Application Fee**  Please ensure that the school is utilizing the correct application. Upon review of the application, if determined that the school should have utilized a different application, a $250 Incorrect Application Fee will be assessed. |

**Required Supporting Documentation**

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| Supporting documentation is required for ALL non-substantive modifications. |

1. A certification statement indicating that the school has notified and fulfilled all requirements of each regulatory agency regarding this modification.
2. A certification statement attesting that the school’s program continues to meet all ACCSC requirements with respect to clock hour to credit hour conversion and curriculum specifications for technical, general education, and/or applied general education courses offered within the program as applicable.
3. An Outline of a Non-Degree Program, Allocation of Hours for Clock-Hour Programs form, or Outline of a Degree Program form, as applicable for the program listed above.
4. 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.

**INSTITUTIONAL DEVELOPMENT**

**PAYMENT SUBMISSION FORM FOR APPLICATION SUBMISSIONS**

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

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

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

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

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

**Submit To: Operations Department**

**Accrediting Commission of Career Schools and Colleges**

**2101 Wilson Boulevard, Suite 302**

**Arlington, VA 22201**

1. Please note that if the school is making a minor modification to the school’s program(s) that is not part of the options listed and that does not change the overall objectives of the program(s), a modification application may not be required. If you have questions regarding minor modifications, please contact the ACCSC office for assistance [↑](#footnote-ref-2)
2. Should additional information be required, the school will be assessed a $250 Additional Information Fee. [↑](#footnote-ref-3)
3. A fee for a change in externship hours is **only** applicable if the change affects the program’s total clock hours and/or credit hours. [↑](#footnote-ref-4)