



Request for Change in Degree Level Authorization

This review process is in place to determine an institution's capacity to grant degrees at a more advanced level. This form must be typed and mailed to SCHEV, along with a company or cashiers' check in the amount of \$1,000.

Name of Institution				Date:
Contact Person and Title				
Phone Number:		Email:		
New Degree Level(s) requested: Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral <input type="checkbox"/>				
Accrediting Agency:				
Current Degree Level(s) Offered (Check all that apply)				
<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Bachelor of Arts (B.A.)	
<input type="checkbox"/>	Certificate	<input type="checkbox"/>	Bachelor of Science (B.S.)	
<input type="checkbox"/>	Associate of Applied Science (A.A.S.)	<input type="checkbox"/>	Master of Arts (M.A.)	
<input type="checkbox"/>	Associate of Occupational Science (A.O.S.)	<input type="checkbox"/>	Master of Science (M.S.)	
<input type="checkbox"/>	Associate of Arts (A.A.)	<input type="checkbox"/>	Doctoral (PhD; DBA; etc.)	
<input type="checkbox"/>	Associate of Science (A.S.)	<input type="checkbox"/>	Other:	

Proposed Program (please fill separate form for each program proposed)

Name of Program			
Degree to be Conferred			
Mode of Delivery	Totally Online: <input type="checkbox"/>	Onsite <input type="checkbox"/>	Hybrid: (combination of face-to-face and online instructions) <input type="checkbox"/>
Will graduates of the program be eligible for licensure or national certification? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain:			

Required Narrative: Attach as many pages as needed to respond to the items listed below.

- I. **Program Description:** Please submit a narrative that includes the number of credits required for the degree; whether they are quarter credits or semester credits; what certifications a graduate might be eligible for; whether the program delivery will be face-to-face, online or hybrid; and any other relevant information about the program. If this application is for a non-degree school seeking authorization for its first degree approval, please provide information on how students will meet the general education requirements for the degree.
- II. **Institutional Rationale:** Please submit a narrative that includes the fit of the proposed degree with the institution's mission statement; reasoning for proposing this degree; and any other relevant information regarding the school's rationale for proposing the program. If this application is for a non-degree school seeking authorization for its first degree approval, please describe any changes to the school's personnel and procedures confirms the administration is knowledgeable about the differences in regulatory requirements for degree schools vs. non-degree schools.

- III. Instructor Qualifications: Please submit a narrative that includes detailed information regarding the minimum qualifications of all faculty that will be recruited for the proposed program. Note that different courses that are part of the proposed degree may require different faculty qualifications.
- IV. Institution and/or Programmatic Accreditation Plans: Please submit a narrative that explains the process by which the school will apply for approval of the proposed program from its accreditor. Include a timeline for the steps involved. If the school will also seek programmatic approval, provide details on this process as well.

Additional Requirements

- 1. As partial evidence of the ability of the institution to grant degrees at a higher level, the institution must submit its most recent self-study for reaffirmation of accreditation and a copy of the accrediting agency's report that details its findings and recommendations.
- 2. If the institution is a Vocational/ Non-degree Institution that wishes to transition to degree granting status it will be required to submit a new certification application after the institution has been deemed capable of offering degrees by SCHEV Staff.

Signature

Title

Date

Mail typed form and company or cashiers' check in the amount of \$1,000,
made payable to the **Treasurer of Virginia**, to:
State Council of Higher Education for Virginia
ATTN: Private Postsecondary Education
101 N. 14th Street, 9th Floor
James Monroe Building
Richmond, VA 23219

SCHEV Use Only:

Date Received: _____

Date Processed: _____

Processed By: _____

Comments: