



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.

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:			

Program Description

Institutional Rationale

(Include: The fit/relevance of the proposed degree with the institution's mission statement)

Describe Instructor Qualifications for Proposed Program

Describe Institution and/or Programmatic Accreditation Plans (If applicable)

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. If the reaffirmation visit is longer than three years ago, the institution must submit a copy of its application to the accrediting agency for a substantive change.
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

SCHEV Use Only:

Date Received: _____

Date Processed: _____

Processed By: _____

Comments: