



## Application for New Program Approval

Institution Name:		Date Submitted:	
Institutional Accreditation Agency			
The Virginia campus location where the program will be offered. (Each branch campus requires a separate form)			
List all out-of-state campuses where the program is currently offered. (out-of-state institutions only)			
Program Title: (program name must adhere to the CIP taxonomy maintained by the National Center for Education Statistics)			
Classification of Instructional Program (CIP) code: <a href="http://nces.ed.gov/ipeds/cipcode/default.aspx?y=55">http://nces.ed.gov/ipeds/cipcode/default.aspx?y=55</a>			
This new Program conforms to the institutional accreditation:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
The program will be offered in the following format:	Face-to-Face <input type="checkbox"/>	On-Line <input type="checkbox"/>	Hybrid <input type="checkbox"/>
Is the institution accredited?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Accreditation Agency

### Degree or Credential to be Awarded

*Degree or Credential Type: (Select One)*

<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 Science ( A. S. )	<input type="checkbox"/>	Doctoral (Ph.D)
<input type="checkbox"/>	Associate of Arts ( A. A. )	<input type="checkbox"/>	Other:
Does the Institution currently award this level of degree or credential for other programs? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Program Duration		Total Instructional Hours		Program Cost	
<input type="checkbox"/>	Clock Hours	number of hours	Classroom Hours		Tuition
<input type="checkbox"/>	Credit Hours	number of hours	Lab Hours		Registration Fee
			Externship/Clinical Hours		Books and Materials
			<b>Total Hours</b>		Other Costs
<b>Anticipated Start Date:</b>					Total Program Cost

**Program Objective/Description: Provide anticipated student learning outcomes. (Include a statement demonstrating that the proposed program is consistent with the institution's stated purpose.)**



**For Non-Degree Schools Only**

Faculty, if teaching technical courses for programs not leading to a degree and not offered as degree credit, must either (i) hold an associate degree from an accredited college or university in the discipline being taught or (ii) possess a minimum of two years of technical/occupational experience in the area of teaching responsibility or a related area. The instructor must hold the appropriate certificate or license in the field, if certification or licensure is required to work in the field.

Will all faculty members satisfy the above requirement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---------------------------------------------------------	------------------------------	-----------------------------

Mail form and company or cashiers' check, in the amount of \$100, made payable to the **Treasurer of Virginia**, to:  
State Council of Higher Education for Virginia  
ATTN: Private Postsecondary Education  
101 N. 14<sup>th</sup> Street, 9<sup>th</sup> Floor  
James Monroe Building, Richmond VA 23219

**SCHEV Use Only:**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_