



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: http://nces.ed.gov/ipeds/cipcode/default.aspx?y=55 | | | |
| 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 |
| | | | Total Hours | | Other Costs |
| Anticipated Start Date: | | | | | 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. 14th Street, 9th Floor
James Monroe Building, Richmond VA 23219

SCHEV Use Only:

Date Received: _____ Date Processed: _____

Processed By: _____