



Rhode Island Office of the Postsecondary Commissioner

Shannon W. Gilkey, EdD, Commissioner

PROGRAM APPROVAL INFORMATION FORM

Schools must obtain OPC approval prior to offering new programs or courses and prior to making changes to existing programs or courses.

A Program Approval Information form is required for each program.

Name of School: _____ Date: _____

Contact Person: _____ Phone: _____ Email: _____

[] New Program Proposed Start Date: _____

[] Change(s) to Existing Program Effective Date of Change(s): _____

Table with 8 columns: Program Title, Length of Program in Clock Hours, Length of Program in Credit Hours, Length of Program in Weeks, Reg. Fee, Tuition, Other Charges*, Total Cost

*Specify other Charges (from above):

Table with 2 columns: Description, Charge

Entrance Requirements:

(e.g., high schools diploma/GED, minimum level of English proficiency, CPR certificate, etc.)

1. Complete this section ONLY if you are requesting approval in clock hours.

[] Day [] Evening Total hours in classroom lecture? _____ Total hours in lab/shop? _____
Clock hours per week: _____ X _____ weeks in program = _____ total clock hours in program.
Maximum class size: _____

2. Complete this section ONLY if you are requesting approval in credit hours.

[] Day [] Evening? Credit hours (check one): [] Semester [] Trimester [] Quarter
Length of semester/trimester/quarter: _____ #Weeks: _____ #Hours: _____
Total credit hours in program: _____
Total credit hours in: classroom/lecture: _____ lab: _____ shop: _____ internship: _____
Classroom/lecture: hours per day: _____ days per week: _____
Lab: hours per day: _____ days per week: _____
Shop: hours per day: _____ days per week: _____
Internship: hours per day: _____ days per week: _____
Maximum class size: _____

3. Accreditation agency or other agencies approvals (Attach copies of accreditation/approval letters):
 Approval from: _____ Date of Initial Approval: _____ Expiration: _____
 Approval from: _____ Date of Initial Approval: _____ Expiration: _____
 Approval from: _____ Date of Initial Approval: _____ Expiration: _____

4. Program Objective/Description (attached additional sheets as necessary):

5. Procedures for granting credit for previous training or experience (attached additional sheets as necessary):

6. Graduation/completion requirements (attached additional sheets as necessary):

7. Student evaluation procedures (attached additional sheets as necessary):

8. If completion of the program leads to a profession that requires state licensure or other certification, please provide specific information about the following (attached additional sheets as necessary):

a) Describe any licenses, credentials, or additional course work beyond that which is provided by the institution required to practice the profession or vocation in the state:

b) Describe the degree to which completion of the required coursework meets state license or credential requirements:

c) Provide evidence that the program has received the necessary approval or accreditation for students completing the program to apply for all required licenses or credentials:

9. List all library holdings that relate to each program (attached additional sheets as necessary):

Title	Author	Publication Date	ISBN

10. List the equipment that will be purchased for each program, including quantity and manufacturer for each item of equipment:

Equipment Name	# Items	Used for	Purchase Date	New/Used

