**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>
<thead>
<tr>
<th>Program Title</th>
<th>Length of Program in Clock Hours</th>
<th>Length of Program in Credit Hours</th>
<th>Length of Program in Weeks</th>
<th>Reg. Fee</th>
<th>Tuition</th>
<th>Other Charges*</th>
<th>Total Cost</th>
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*Specify other Charges (from above):

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<th>Description</th>
<th>Charge</th>
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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):

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Publication Date</th>
<th>ISBN</th>
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10. List the equipment that will be purchased for each program, including quantity and manufacturer for each item of equipment:

<table>
<thead>
<tr>
<th>Equipment Name</th>
<th># Items</th>
<th>Used for</th>
<th>Purchase Date</th>
<th>New/Used</th>
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11. Course Information (submit one copy of this page for each course in the program):

a) Name of course: ________________________________

b) Objective(s) of course (attached additional sheets as necessary):

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________


c) Prerequisites for admission to course:

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________


d) How many clock or credit hours are required for completion of course? ____________________

e) Sequence of topics (attached additional sheets as necessary):

<table>
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<th># Weeks</th>
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