



**PROGRAM NOTIFICATION**

NAME OF INSTITUTION: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

**CREDENTIAL ISSUED:**

Program Type (Check one)

- Diploma/Certificate
- Associate of Applied Science (A.A.S.)
- Associate of Occupational Science (A.O.S.)
- Associate of Arts (A.A.)
- Associate of Science (A.S.)
- Bachelors of Art (B.A.)
- Bachelors of Science (B.S.)
- Master of Arts (M.A.)
- Master of Science (M.S.)
- Doctor of Philosophy (Ph.D)
- Other: \_\_\_\_\_

Program Completion Time

\_\_\_\_\_ Months  
\_\_\_\_\_ Weeks

PROGRAM LENGTH

Clock Hours \_\_\_\_\_  
Credit Hours \_\_\_\_\_

TOTAL CONTACT HOURS

Class Hours \_\_\_\_\_  
Lab Hours \_\_\_\_\_  
Externship Hours \_\_\_\_\_  
Total Hours \_\_\_\_\_

PROGRAM COST

Tuition \$ \_\_\_\_\_  
Registration Fee \$ \_\_\_\_\_  
Books & Materials \$ \_\_\_\_\_  
Other Costs \$ \_\_\_\_\_  
Total Program Cost \$ \_\_\_\_\_

PROGRAM OBJECTIVE:

PROGRAM DESCRIPTION:

**FOR DISTANCE EDUCATION PROGRAM ONLY:**

Number of Clock Hours or Credit Hours (*circle one*) to Complete the Distance Education Program: \_\_\_\_\_

Residential Training:  
Clock Hours \_\_\_\_\_  
Credit Hours \_\_\_\_\_

Location and City of Training: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

PROGRAM BREAKDOWN BY COURSE (attach additional sheet if needed to include all courses offered in program)

<u>Course Number</u>	<u>Course Title</u>	<u>Clock Hours</u>	<u>Credit Hours</u>	<u>CIP Code</u>

INVENTORY OF EQUIPMENT

<u>Quantity</u>	<u>Equipment Item</u>	<u>Brief Description of Equipment</u>

TEXTBOOKS/LEARNING RESOURCES (Please include publishers and publication dates)

FOR CAREER/TECHNICAL SCHOOLS ONLY

Attach evidence that course of study conforms to state, federal, trade, or manufacturing standards of training for the occupational field.