SCHEV
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Richmond, Virginia 23219

State Council of
Higher Education for Virginia

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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 ☐	NO ☐

The program will be offered in the following format:	Face-to-Face ☐	On-Line ☐	Hybrid ☐

Is the institution accredited?	YES ☐	NO ☐	Accreditation Agency	

Degree or Credential to be Awarded

Degree or Credential Type: (Select One)

☐	Diploma	☐	Bachelor of Arts (B. A.)
☐	Certificate	☐	Bachelor of Science (B. S.)
☐	Associate of Applied Science (A. A. S.)	☐	Master of Arts (M. A.)
☐	Associate of Occupational Science (A. O. S.)	☐	Master of Science (M. S.)
☐	Associate of Science (A. S.)	☐	Doctoral (Ph.D)
☐	Associate of Arts (A. A.)	☐	Other:

Does the Institution currently award this level of degree or credential for other programs? YES ☐   NO ☐

Program Duration / Total Instructional Hours / Program Cost

Program Duration		Total Instructional Hours		Program Cost	
☐ Clock Hours	number of hours	Classroom Hours		Tuition	
☐ 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.)

Program Breakdown by Course *(attach additional sheet if needed to include all courses offered in program)* Unaccredited institutions must submit course descriptions.			
Course Number	**Course Title**	**Course Length**	**Hours**
			Credit Hours ☐ Clock Hours ☐
			Credit Hours ☐ Clock Hours ☐
			Credit Hours ☐ Clock Hours ☐
			Credit Hours ☐ Clock Hours ☐

For Programs Requiring Externship/Clinical Experiences:

If the program requires students to complete an externship/clinical experience, attach copies of agreements between the institution and all clinical sites.

Standard Occupational Classification

Standard Occupation Classification (SOC) codes are published by the Department of Labor and are available at www.bls.gov/soc. There is a crosswalk between CIP and SOC codes that can be found at: www.onetonline.org/crosswalk.

Provide the relevant SOC codes and titles that correspond to the programs selected CIP code that best match the jobs program graduates will get after completion of this program. Example 11-1011.00 – Chief Executive
1. _ _ - _ _ _ _ . _ _ - _____
2. _ _ - _ _ _ _ . _ _ - _____
3. _ _ - _ _ _ _ . _ _ - _____
4. _ _ - _ _ _ _ . _ _ - _____
5. _ _ - _ _ _ _ . _ _ - _____

For CIP codes that do not crosswalk to one or more SOC codes, institutions can add a SOC code that aligns significantly and substantively with the program learning outcomes, provided that the institution has evidence that graduates of the program will be qualified to find employment in that field.
The SOC codes that an institution should use for ESL and ESOL programs should be the SOC codes that align with the employment of the students who complete the program.

For institutions of Higher Education Only

As required by 8VAC40-31-140, the institution shall ensure that: (i) a properly credentialed and course qualified instructor teaches each course; (ii) a credentialed and course qualified academic advisor is available to meet the concerns of the student, and that a student contact by any method will elicit a response from the advisor within a reasonable timeline; (iii) continual curriculum development and oversight for each major and concentration/track is maintained; and (iv) a program director is named and designated to oversee each program area.

Will the institution satisfy the above requirement?		YES ☐	NO ☐

For Career-Technical Institutions Only

If certification by exam or license is required to work in the field, please provide evidence that the institution is authorized by the state or certifying corporation. Additionally, please provide evidence that the program conforms to state, federal, trade, or manufacturing standards of training for the occupational field.

For Career-Technical Institutions Only

Faculty, if teaching technical courses for career-technical 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 ☐	NO ☐

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 and Out-of-State Postsecondary Education
101 N. 14th Street, 9th Floor
James Monroe Building, Richmond VA 23219

SCHEV Use Only:

Date Received: _____   Date Processed: _____

Processed By: _____