

Return original and two (2) copies to:
 Program Director
 Private Postsecondary Career Schools, and Veterans Education
 Adult Program Services Division
 Nebraska Department of Education
 P.O. Box 94987
 Lincoln, NE 68509-4987
 (402) 471-4825

10/27/99

_____ IHL

Form may be copied.

**APPLICATION FOR REVISING A TRADITIONAL TO ACCELERATED PROGRAM APPROVAL
 UNDER THE PROVISIONS OF TITLE 38, U.S. CODE**

Name of Institution: _____ Address: _____ City: _____ Zip Code: _____

Name and Title of School Official _____ Telephone number: _____

Program is being offered at _____ Main Campus _____ Branch or Extension _____ Location of Branch

Program Title	Credential Awarded: Bachelor, Master, Other - state	Program Length No. of Weeks; Months; Years	Program Measurement Total Credit Hours
Before Revision			

Program Title	Credential Awarded Bachelor, Master, Other - state	Transfer Course Hours Required	Required Accelerated Course Credit Hours	Elective Accelerated Course Credit Hours	Total Hours Required for Program*
After Revision					

*Total of credit hours in above three columns must equal total accelerated credit hours required for the program.

Instructions: Please enclose **three** copies of the course outline for each course revision requested. If you refer to pages in a catalog, please enclose **three** copies of those pages.

Signature: _____ Title: _____ Date: _____