

APPLICATION FOR REVISED PROGRAM APPROVAL
Nebraska Department of Education
Private Postsecondary Career Schools & Veterans Education
P.O. Box 94987
Lincoln, NE 68509-4987

Name of School: _____

Program Title: _____

Before Revision: _____

After Revision: _____

Credential Awarded: ___ Certificate ___ Diploma

Program Measurement: Clock Hours or Credit Hours or Quarter Hours
 No. of Hours: _____ No. of Hours: _____ No. of Hours: _____

Program Length –
 Number of: Days: _____ Weeks: _____ Months: _____ Years: _____

Total Tuition Per Program/Term: \$ _____

Effective Date of Program: _____

Enrollment Limitation: _____

Fee \$40.00 (for significant program change only)

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Program Length –
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Total Tuition Per Program/Term: \$ _____

Effective Date of Program: _____

Enrollment Limitation: _____

Fee \$40.00 (for significant program change only)

Enclosed is a copy of the Course Description, Course Outline, and other supporting documents indicating that curriculum is based on the knowledge and skill required to enable a graduate to secure an entry level position in this occupation (Rule 41,004.01C). i.e. statements from program Advisory Council members or from local employers approving this curriculum, comparable programs that have been approved and are successful at other schools; catalog or catalog addendum/s containing references to each program.

Return form, supporting documentation, and fees to address listed above

THIS FORM MAY NOT BE REWODED

Printed Name & Title of School Administrator

Date

Signature of School Administrator

Date

Additional forms are available on our website at PPCS.org