|  |  |  |  |
| --- | --- | --- | --- |
| **State Use Only** | | | |
| Ck #: | \_\_\_\_\_\_\_\_ | Date Rec’d: | \_\_\_\_\_\_\_\_ |
| Amt: | $\_\_\_\_\_\_\_ | PS: | \_\_\_\_\_\_\_\_ |
| Appl: | $\_\_\_\_\_\_\_ | Final: | \_\_\_\_\_\_\_\_ |

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## PROGRAM/STAND-ALONE COURSE APPROVAL FORM

**(Must be typed)** Refer to [fee schedule](https://highered.colorado.gov/DPOS/Schools/feeschedule.html) for fees

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **School Information** | | | | | | | | | | | | | | | | | | |
| **School Name:** | | | | | | | | | | | | | | | | | **Date:** MM/DD/YYYY | |
| **Full School Address:** Street, City, State, Zip | | | | | | | | | | | | | **Phone:** | | | | | |
| **Person Submitting Application:** | | | | | | | | | | | **Email:** | | | | | | | |
| **Program/Stand-Alone Course Information** | | | | | | | | | | | | | | | | | | |
| **Program/Course Title:** | | | | | | | | | | | | | | | | | | |
| **Program** | **Stand-Alone Course** | | **Type of Submission** (select one): | | | | | | | | | New | | Major Revision\* | | | | Minor Revision\* |
| **If revision, previous name of program/course** (*if name did not change, indicate “****N/A****”*) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Total Program/Course Cost $** | | | | | | | \*Please see Rule for definition of major revision and minor revision. | | | | | | | | | | | |
| Reminder: If enrollment will increase due to this new/revised program/course, you may need to increase your surety coverage. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Method of Delivery:** | | Classroom Only: | | | Online Only: | | | | Other:  (attach explanation of method of delivery) | | | | | | | | | |
| **Maximum Student/Teacher ratio per Class:** | | | | Theory: | | | | | | | | Lab: | | | | | | |
| **Degree** | | **Certificate** | | | | **Diploma** | | | | **Advanced Training** | | | | | | **Continuing Education** | | |
|  | | | | | | | | | | | | | | | | | | |
| **Expected Time Frame for Completion** (maximum time allowed for online education if applicable). Select all that apply: | | | | | | | | | | | | | | | | | | |
| **Full Time**: (days/weeks/months or years - NOT HOURS): | | | | | | | | | | | | | | | | | | |
| **Part Time**: (days/weeks/months or years - NOT HOURS): | | | | | | | | | | | | | | | | | | |
| **Program/Course Prerequisite(s)** | | | | | | | | | | | | | | | | | | |
| List the minimum requirement(s) to enroll in the **program/course** (i.e., educational credentials, license, course work,  specialized training or expertise that is ***not*** an admission requirement for acceptance into the school).  *If no prerequisite is required, please indicate* *“None”*: | | | | | | | | | | | | | | | | | | |
| **Occupational Objective** | | | | | | | | | | | | | | | | | | |
| The objective of the program/course is to provide the occupational education, training and skills for:  *name of occupation(s)* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **The objective is** (select all that apply):  an entry-level employment opportunity  advanced-level employment opportunity  continuing education to enhance education of occupational areas as stated above  Check, *if applicable*:  Upon successful completion the graduate will be eligible to sit for the *name of licensure/certification exam* | | | | | | | | | | | | | | | | | | |
| **Attachments** | | | | | | | | | | | | | | | | | | |
| **The following items properly labeled and identified MUST be attached and become a part of the approval application:** | | | | | | | | | | | | | | | | | | |
| Program/Course fee (see current [Fee Schedule](https://highered.colorado.gov/DPOS/Schools/feeschedule.html)).  A Course Syllabus **as instructed in Column A below**.  (See Course Syllabus Sample for required components).  A Catalog or Catalog addendum reflecting curriculum change(s).  An Enrollment Agreement  Evaluator Reports\*\*  If major or minor revision, attach a Summary of the change(s). | | | | | | | | Externship agreement in compliance with Rule III.B.6, if applicable.  **If not contained within the Course Syllabus:**  A complete physical inventory of equipment to be used for the course.  A list of textbooks used including titles, publishers, and copyright dates.  A list of reference materials used.  A list of teaching aids, materials and supplies used. | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| \*\*Evaluator Reports are NOT generally required for minor revisions. The Director reserves the right to submit minor revisions to the Board in which case evaluator reports may be requested. | | | | | | | | | | | | | | | | | | |
| **Program/Course Outline** | | | | | | | | | | | | | | | | | | |
| **A** | | | | | | | | **B** | | | **C** | | **D** | | **E** | | | **F** |
| **Program:**   * List all courses in the Program. * Attach a *Course Syllabus* for EACH course listed.   **Stand-Alone Course**:   * List the subjects or topics in the course. * Attach a *Course Syllabus* for the course.   **(Press “Enter” in each column below for more rows)** | | | | | | | | Theory  Hours | | | Lab  Hours | | (*If applicable*)  Internship/  Externship  Hours | | Total  Contact  Hrs.  **(B+C+D=E)** | | | (*If applicable*)  Credit Hours:  Semester *or*  Quarter  *or* Online Only:  No. of Lessons |
|  | | | | | | | |  | | |  | |  | |  | | |  |
| **Subtotal** | | | | | | | |  | | |  | |  | |  | | |  |
| **Total** | | | | | | | |  | | |  | |  | |  | | |  |