

NON-SUBSTANTIVE PROGRAM MODIFICATION FORM

This form must be accompanied by a narrative explanation if required to clarify changes being made. If revisions are self-explanatory, no narrative is required.

Is this application being submitted in response to a team visit? YES NO

If yes, provide date of visit and staff member name:

Is this application being submitted in response to a council action? YES NO

If yes, provide date of letter: _____

INSTITUTIONAL INFORMATION

Institution Name _____ ACICS ID _____
This is an eight digit number beginning with 000xxxxx

Name of person who prepared this application (Notifications will be sent to this individual)

Name _____ Title _____ E-mail _____

Does your state require notification for program revisions of less than 25%? YES NO

If yes, submit evidence – (see step 3 of step by step instructions)

Does your state require approval for program revisions of less than 25%? YES NO

If yes, submit evidence – (see step 3 of step by step instructions)

PROGRAM INFORMATION

Current program credential level: Certificate Academic Associate's Doctorate
 Diploma Bachelor's
 Occupational Associate's Master's

Indicate below current and proposed revisions, if an area is not being revised indicate No Chg.

Area	No Chg	Current	Proposed
Program name	<input type="checkbox"/>	_____	_____
Curriculum content	<input type="checkbox"/>	<i>Current and proposed are evidenced on Academic Credit Analysis</i>	
Contact/Clock hours	<input type="checkbox"/>	Min <input type="text"/> Max <input type="text"/>	Min <input type="text"/> Max <input type="text"/>
Unit of credit awarded	<input type="checkbox"/>	Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/>	Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/>
Total credits awarded	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Program Length	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Mode of delivery	<input type="checkbox"/>	<input type="checkbox"/> Residential <input type="checkbox"/> Online	<input type="checkbox"/> Residential <input type="checkbox"/> Online

If this institution is not currently approved for distance education, a Distance Education application must be submitted in lieu of this Non-substantive Program Modification Application.