APPLICATION FOR ADDITION OF A NEW PROGRAM

Nebraska Department of Education Private Postsecondary Career Schools & Veterans Education P.O. Box 94987

Lincoln, NE 68509-4987

References:	Rule 41, Section 004 and Appendix A

Name of School:						
City:	State:		Zip:			
Telephone Number:	Fax		Email:			
Program Title:						
Credential Awarded:	Certificate	Diploma				
Program Measurement:	Clock Hours or No. of Hours:	Credit Hours No. of Hours:		Quarter Hours No. of Hours:		
Program Length - Number of: Days:						
Printed Name & Title of School Administrator		ator	Date			
Signature of School Administrator			Date			
Additional forms are available on our website at PPCS.org						