APPLICATION FOR ADDITION OF A NEW PROGRAM
Nebraska Department of Education
Private Postsecondary Career Schools & Veterans Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987

References: Rule 41, Section 004 and Appendix A

APPLICATION FOR ADDITION OF A NEW PROGRAM

Name of School: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Fax Number:** _____ **Email:** _____

Program Title: _____

Credential Awarded: ____ **Certificate** ____**Diploma**

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

☐**Program Length – Number of:** **Days:** _____ **Weeks:** _____ **Months:** _____ **Years:** _____
☐**Total Tuition Per Program/Term: $** _____
☐**Date First Class Will Start:** _____
☐**Date First Class Will Graduate:** _____
☐**Maximum Enrollment Size (NCD):**
☐**$135.00 New Program Fee** ***(Appendix A)***
☐**Instructor Qualification Forms (004.05)**
☐**Course Schedules (004.09E)**
☐**Course Descriptions (004.01 & 004.09H)**
☐**Course Outlines (004.01 & 004.09H)**
☐**Specific Statement of Program Objectives (004.09G)**
☐**Description of Facilities & Equipment Used (004.02 & 004.09F)**
☐**Evidence that curriculum is based on the knowledge and skill required to enable a graduate to secure an entry level position in this occupation (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 containing references to this program (004.09)**
☐**Proposed advertising to be used for this program (004.13)**
☐**Teacher/Student Ratio (004.09G)**
☐**Veterans Education Approval Requested: If requesting approval for Veterans Education, provide 4 copies of all documentation.**
☐**Return form, supporting documentation, and fees to address listed above**

THIS FORM MAY NOT BE REWORDED

Printed Name & Title of School Administrator	***Date***
Signature of School Administrator	***Date***

Additional forms are available on our website at PPCS.org