

**APPLICATION FOR REVISED PROGRAM APPROVAL**  
**Nebraska Department of Education**  
**Private Postsecondary Career Schools & Veterans Education**  
**301 Centennial Mall South**  
**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)**

**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)**

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 REWORDED**

\_\_\_\_\_

*Printed Name & Title of School Administrator*

*Date*

\_\_\_\_\_

*Signature of School Administrator*

*Date*

*Additional forms are available on our website at PPCS.org*