STATE OF NEBRASKA

COORDINATING COMMISSION FOR POSTSECONDARY EDUCATION

*This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.*

# APPLICATION FOR MODIFICATION OF A RECURRENT AUTHORIZATION TO OPERATE

# (new course, program, degree, etc.)

## Procedures for Submitting the Application

1. Send the application form and all supporting materials to:

Executive Director

Coordinating Commission for Postsecondary Education

P.O. Box 95005

Lincoln, NE 68509-5005

OR

Submit the application via email to Kathleen Fimple at:

Kathleen.fimple@nebraska.gov, with the fee sent by U.S. mail.

1. A non-refundable [application fee](https://ccpe.nebraska.gov/sites/ccpe.nebraska.gov/files/Fee%20Schedule.pdf) for the Commission’s administrative costs shall be submitted with each application. Make checks payable to “Coordinating Commission for Postsecondary Education.”
2. All sections shall be clearly marked for easy location by the reviewer.
3. The Commission may request additional information deemed necessary for an appropriate determination of compliance with the evaluation criteria.

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# APPLICATION FOR MODIFICATION OF A RECURRENT AUTHORIZATION TO OPERATE

# (new course, program, degree, etc.)

|  |  |
| --- | --- |
|   **Date:** |    |
| **Name of Institution:** |     |
| **Street Address:** |    |
| **City/State/Zip Code:** |    |
| **Name of Contact Person:** |    |
|  **Web site for institution’s location in Nebraska:** |  |
| **Name of Contact Person:** |  |
| **Title:** |    |
| **Telephone Number:** |    |
| **Fax Number:** |    |
| **E-mail Address:** |    |
|  |  |
| **Proposed Modification (name of degree, program, new campus, etc.):** |  |
| **Location in which the courses/program will be offered:**  |  |
| **Estimated enrollment:** |  |
| **Tuition to be charged:** |  |
| **Fees, including those specific to the program:**  |  |

**Each numbered, italicized item below is a standard identified in state statute. Statutes charge the institution to “demonstrate that it can be maintained and operated in accordance with such standards.” (Neb. Rev. Stat. §85-2406) Each bulleted item should be addressed. Additional information under each numbered item may be included as appropriate to the application.**

1. *The financial soundness of the institution and its capability to fulfill its proposed commitments and sustain its operations*
* The most recent audited financial statements and a copy of the management

letter

1. *The quality and adequacy of teaching faculty, library services, and support services*
* Number of faculty teaching in the program/s
* Qualifications of each faculty member (vitae, resume, or other biographical

information)

* Any new library and learning resources needed
1. *The quality of the programs offered, including courses, programs of instruction, degrees, any necessary clinical placements, and the institution’s ability to generate and sustain enrollment*
* Curriculum description/s including a list of required and optional courses
* Course descriptions
* Any licensure or certification requirements for the field/s and the way in which the institution will meet them
* Any new instructional equipment required for the program/degree
* Assurance that the institution will be able to secure clinical placements for students if the program/degree requires them
* Estimated enrollments and the basis for the estimate
* Comparison of the program with that offered on the main campus or other campuses of the institution (if applicable)
* Relationship between the hours of instruction and the credits awarded
1. *The specific locations where programs will be offered or planned locations and a demonstration that facilities are adequate at the locations for the programs to be offered*
* Description of the facility if new or evidence that the existing facility is adequate
1. *Assurances regarding transfer of credits earned in the program to the main campus of such institution* [if applicable] *and clear and accurate representations about the transferability of credits to other institutions located in Nebraska and elsewhere*
* Any articulation agreements with Nebraska postsecondary institutions
* Any other affiliations with Nebraska postsecondary institutions regarding the transfer of credits, joint use of faculty or facilities, or other supportive relationships
1. *Whether such institution and, when appropriate, the programs, are fully accredited, or seeking accreditation, by an accrediting body recognized by the U.S. Department of Education*
* Any programmatic accreditations for the new program/degree
* Status of programmatic accreditation/s
1. *The institution’s policies and procedures related to students, including, but not limited to, recruiting and admissions practices*
* Admission requirements for the program/degree
* Anticipated methods of recruiting students in Nebraska