



KENTUCKY COMMISSION ON PROPRIETARY EDUCATION

300 Sower Boulevard, Frankfort, Kentucky 40601

(502) 564-4185

<http://kcpe.ky.gov>

APPLICATION TO AWARD AN ASSOCIATE DEGREE

INSTRUCTIONS

1. This application must be typed or printed legibly and completed in its entirety.
2. This application and all supporting material must be submitted with the application fee in accordance with 791 KAR 1:025 This fee is nonrefundable. All fees must be paid by check or money order made payable to the Kentucky State Treasurer. DO NOT SEND CASH.
3. Attach continuation sheets if more space is needed to provide information.
4. Refer to KRS 165A.330(1),(2), KRS 165A.340(3),(7), KRS 165A.360(1),(2),(7), KRS 165A.370(1), KRS 165A.400 and 791 KAR 1:020 and 791 KAR 1:025.
5. This completed application may be submitted to the Kentucky Commission on Proprietary Education either by mail or by delivery to 300 Sower Boulevard, Frankfort, Kentucky 40601.

SCHOOL INFORMATION

School Name _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Website Address _____

Administrative Contact Person Name _____ Title _____

Administrative Contact Person Address _____ City _____ State _____ Zip Code _____

Administrative Contact Phone Number _____ Fax Number _____ Email Address _____

Name of Program for which the Degree Authorization is Sought _____

Type of Associate Degree to be awarded	Associate of Arts	Associate of Applied Science
	Associate of Science	Associate of Occupational Studies

Is this Degree Program offered at any other campus locations? If yes please explain and list state(s) _____

Has the school been in operation for a continuous period of two years? Yes No

If Yes, list the date the operation began. _____

NAMES OF SCHOOL OFFICIALS

School Official Name _____ Title _____

School Official Name _____ Title _____

School Official Name _____ Title _____





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ACCREDITATION

List all agencies accrediting this school.

Accrediting Agency Name

Date Accredited

Accrediting Agency Name

Date Accredited

Accrediting Agency Name

Date Accredited

Does your institution meet the financial stability reporting requirements of your accrediting agency?

Yes

No

If No, please explain.

Do you have a policy for granting credit for previous training?

Yes

No

If Yes, please explain.

PROPOSED DEGREE PROGRAM INFORMATION

Briefly state the objective for the program.

Date First Class is to Begin

What is the potential job market for graduates of this program? Describe how this was determined.



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Briefly describe your placement service, including your record of success in placing recent graduates from existing programs.

What are the requirements for admissions to the program GED High School Diploma Other

If Other, please explain.

The proposed degree program will be measured in

Contact/Clock Hours Quarter Credit Hours Semester Credit Hours

Number of Quarter/Semester Hours Required	Total Number of Contact/Clock Hours For Proposed Degree Program	Classroom Instruction Hours	Laboratory Work Hours	Tuition Rates	Fees Amount	Estimated Cost of Books & Supplies	<u>Length of Program</u>

Briefly describe the academic and personal counseling available to your students.



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LIBRARY OR LEARNING RESOURCE CENTER INFORMATION

Describe the relevant periodical subscriptions, computer data bases, and professionally accepted reference materials and the number of each.

	Description	Total Amount
Periodical Subscriptions		
Computer Data Bases		
Professionally Accepted Reference Materials		

Describe students' access to library or learning resource center items including, but not limited to hours of operations.

Name and credentials of designated staff member responsible for library or learning resource center. State the amount of funds for support of the library and learning resource center, including funds for acquisitions.

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FACILITY INFORMATION

List the number of classrooms and labs to be used in the proposed program.

Number of Classrooms

Number of Labs

Amount of capital to be used to support this program

SUPPORTING MATERIALS

- ⑧ A list, marked Exhibit A, of the names and descriptions of all courses included in the proposed degree program.
- ⑧ A list, marked Exhibit B, of the names, degrees held, dates of employment, teaching areas and full or part-time status of faculty members who will be teaching in the degree program.
- ⑧ A completed FORM FOR INSTRUCTIONAL STAFF AND KEY ADMINISTRATIVE PERSONNEL (PE-11) for each instructor in the proposed degree program.
- ⑧ A current school catalog, marked Exhibit C.
- ⑧ A complete list, marked Exhibit D, of training equipment available for use in the proposed program.

CERTIFICATION

I certify that the information provided on this application as submitted to the Kentucky Commission on Proprietary Education is true and correct in its entirety. In addition, I hereby pledge to follow all standards set out in KRS Chapter 165A and all rules and regulations set out in 791 KAR Chapter 1

School Official Name

Title

School Official Signature

Date