



KENTUCKY COMMISSION ON PROPRIETARY EDUCATION

300 Sower Boulevard, Frankfort, Kentucky 40601

(502) 564-4185

<http://kcpe.ky.gov>

NOTIFICATION TO REVISE AN EXISTING PROGRAM FOR LESS THAN 25% INSTRUCTIONS

1. This notification must be typed or printed legibly and completed in its entirety.
2. This notification 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), KRS 165A.340(3),(7), KRS 165A.360(1), KRS 165A.370(1)(q), KRS 165A.400 and 791 KAR 1:020 and 791 KAR 1:025.
5. This completed notification 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	

ACCREDITATION

List all agencies accrediting this school.

Accrediting Agency Name	Date Accredited
Accrediting Agency Name	Date Accredited

PROGRAM INFORMATION

The following are being revised for this program. Check all that apply.

- Program Name
- Course Name(s)
- Curriculum Content
- Contact/Clock Hours

- Credit Hours
- Program Length
- Other

Mode of Delivery

- Onsite
- Online
- Other

If Other, please explain.

Name of Program

Revised Name of Program



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Type of Program

Certificate
 Diploma
 Other

Associate of Arts
 Associate of Science
 Associate of Applied Science
 Associate of Occupational Studies

If Other, please explain.

COURSE INFORMATION

List all courses in the current program first, and then list all the new courses in the revised program. Indicate by using an asterisk, each course revision and whether such revision is an addition, deletion or a revision of name or title from the currently approved program.

Course Number	Course Name or Title	Current		Revised	
		Contact/Clock Hours	Credit Hours	Contact/Clock Hours	Credit Hours

CALCULATION OF PROGRAM REVISION

Type of Hours <input type="checkbox"/> Contact/Clock <input type="checkbox"/> Quarter Credit <input type="checkbox"/> Semester Credit	Current	Revised	Percent Revised
Number of Hours For Added Courses			
Number of Hours for Deleted Courses			
Number of Courses with Revised of Name or Title			
Program Length in Weeks			
Cost of Program			

SUPPORTING MATERIAL

- ⑧ A list, marked Exhibit A, of any revised performance objectives, indicating skills and understanding student(s) will have upon completion of this revised program.
- ⑧ An equipment inventory, marked Exhibit B, of new or different equipment to be utilized by the student(s) to successfully complete this revised program.
- ⑧ A list, marked Exhibit C, of new instructors and a complete FORM FOR INSTRUCTIONAL STAFF & KEY ADMINISTRATIVE PERSONNEL (PE-11), for each new instructor of this revised 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