



# KENTUCKY COMMISSION ON PROPRIETARY EDUCATION

Capital Plaza Tower, Room 302, 500 Mero Street, 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 Capital Plaza Tower, Room 302 500 Mero Street, 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