**OFFICE OF HIGHER EDUCATION**

**INSTITUTIONAL RELICENSURE APPLICATION**

**SECTION I**

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| Institution: |
| Street Address: |
| City: State: Zip code: |
| Institutional Accreditation. Include date of last action, the next comprehensive visit, and the next interim report. Note that relicensure requires submission of the most recent accreditation reports and letters.  |
| Non-Profit or Proprietary: |
| Website: |
| Official Contact: Title: |
| E-mail:  |
| Phone:  |
| Other locations: |

**Please include the following with your submission:**

* A copy of the most recent accreditation letter of approval (notification) from your regional accrediting body.
* A description of the institutional approval process for new academic programs.
* A description of the policies on tuition, fees, refunds and other financial policies for full-time and part-time students. Please indicate whether official student records clearly indicate an amount of money paid and balances due from students for tuition, fees, and other charges.
* A description of the records available concerning (a) college admissions, including official transcripts from secondary schools and other institutions or colleges; (b) cumulative records for individual students of the results of achievement and intelligence tests, college grades, participation in extracurricular activities, etc. Please explain their location and accessibility.
* A description of the alumni records and other evidence available concerning activities and achievements of student grades, occupational employment, or advanced or post-graduate study and other institutions to which students transfer. Please explain their location and accessibility.
* A description of available facilities. Please include facilities for student instruction, administrative offices, faculty offices, and clerical and supportive services.
* Provide certification that program and institutional hiring and admission practices are in compliance with all applicable state and federal laws, regulations, and orders; and that the institution will operate under the provisions of approved non-discrimination plans, including consideration for women and minorities and accessibility for the handicapped.

**SECTION II\***

**\* Please Complete Section II for Each Program Offered in Connecticut**

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| --- | --- |
| Applicant Institution: | Date: |
| Title (and abbreviation): Number of credits: Credential:Mode of Delivery: (On Ground, Online, or Hybrid): *On ground: instruction is exclusively face-to-face (includes web-assisted courses).**Online: instruction is exclusively remote.**Hybrid: a combination of on ground, online, or hybrid courses.**\*Web-assisted: a course management system or website is used to post and exchange materials and information.*CIP code no. (optional):Title of CIP code (optional):Department where the program is housed: Program description: |
| Institutional Contact Person: | Title: | Telephone:Email: |

**I. Accreditation**

1. Indicate whether the program is accredited by a professional organization or other outside accreditor. If so, name the accrediting body.
2. Indicate whether this program provides eligibility for a state approved or other licensed profession. If so, please identify it and attach a copy of the agency’s licensing or certification requirements.

**II. Experiential Learning**

1. Indicate any requirements and arrangements for clinical affiliations, internships, and practicum or work experience. Describe how these will be administered, how students will be evaluated, and how appropriate credits will be assigned.

**III. Purpose and Objectives**

1. List the learning outcomes of the program and briefly describe how the program will be assessed (internally and externally) and how often this assessment will occur.

**IV. Administration**

1. Provide the name and qualifications of the full-time administrator or faculty member who will be responsible for the day-to-day operations of the program. Please list all administrative and teaching responsibilities, indicating whether this person will be responsible for any other programs at your institution. If this individual is still to be hired, indicate the timeframe for hiring and the desired qualifications.

**V. Program Admissions and Special Requirements**

1. Indicate the admissions requirements for this program.
2. Indicate whether this program has special graduation requirements (e.g., capstone or special project). If so, please describe.
3. Indicate whether this program requires fieldwork (e.g., clinical affiliations, internships, externships, etc.). If so, please describe and attach copies of the contracts or other documents ensuring program support.

**VI. Enrollment**

1. Describe the students to whom this program will be marketed.

**VII. Faculty**

1. Indicate how many full-time faculty members will teach in the program’s core curriculum.
2. Indicate how many adjunct and part-time faculty members will teach in the program’s core curriculum.

**VIII. Resources**

1. Describe the library resources designated for the program.
2. Describe the facilitiesand equipment allocated to the program (e.g., lab space designated for faculty and students, office furniture, classroom and laboratory equipment, etc.).

**IX. Student Services**

1. Describe the student services available to enrolled students including counseling, advising, health services, registration, financial aid, career services, special needs and tutoring services.

**Section II Appendix A**

**Curriculum Table**

Provide a list, in sequence, of the course requirements in the table below. Include course number and title. Please see page one for definitions of modalities.

Attach course descriptions and syllabi for all new courses in the program core and in each concentration/track/option.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Core Courses (with concentrations)** | **Credit Hours** | **New** | **On Ground** | **Online** |
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| Elective Courses |  |  |  |  |
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| **General Education Courses** |  |  |  |  |
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**Section II Appendix B**

 **Resource Summary**

**I. Enrollment**

Provide enrollment numbers for internal transfers, new students, returning students, and total enrollment during each of the past three years of the program (i.e., 1, 2, and 3).

 Year 1 Year 1 Year 2 Year 2 Year 3 Year 3

Enrollment Full-time Part-time Full-time Part-time Full-time Part-time

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| --- | --- | --- | --- | --- | --- | --- |
| Internal Transfers |  |  |  |  |  |  |
| New Students |  |  |  |  |  |  |
| Returning Students |  |  |  |  |  |  |
| TotalEnrollment |  |  |  |  |  |  |

**II. Projected Enrollment**

Provide projected program enrollment for internal transfers, new students, returning students, and total enrollment during each of the next three years of the program (i.e., 4, 5, and 6).

 Year 4 Year 4 Year 5 Year 5 Year 6 Year 6

Enrollment Full-time Part-time Full-time Part-time Full-time Part-time

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| --- | --- | --- | --- | --- | --- | --- |
| Internal Transfers |  |  |  |  |  |  |
| New Students |  |  |  |  |  |  |
| Returning Students |  |  |  |  |  |  |
| TotalEnrollment |  |  |  |  |  |  |

**Section II Appendix C**

**Faculty Chart**

Provide a list of all faculty members who teach in the program core and concentrations/tracks/options. Designate faculty members to be hired with an \*.

|  |  |  |  |
| --- | --- | --- | --- |
| Name, Title, and Position(full-time, part-time, adjunct) | Credential/Institution | Area of Specialization/Pertinent Experience | Other Administrative or Teaching Responsibilities |
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**NOTE:** Institutions are required to have their current institutional program approval process on file with the Office of Higher Education.

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**Submit as a Word document via email and as a print copy through the mail.**

Upon receipt of a print copy of the application, a staff member will be assigned to review your application and will contact you if additional information is needed. If no additional information is needed, you will be notified of the Office’s decision within 45 working days.

For more information, contact:

Sean Seepersad, Ph.D.

Associate Director of Academic Affairs

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