

**Arizona State Board for Private Postsecondary Education
PROGRAM MODIFICATION FORM –
Non-Substantive Revisions for Currently Licensed Programs**

Non-substantive program revisions: A *Non-substantive program* revision form (attached) must be submitted for any of the following revisions to approved programs:

1. a change of name of an existing program, or
2. Tuition/fee increases;
3. a change of less than 25% in the clock hours, credit hours, curriculum content or program length of an existing program, or
4. a change in the mode of delivery of an existing program

Form Submission: The non-substantive program revision form must be typed. A separate form is required for each location affected by the revisions/changes. Attach to the form a brief narrative and a side-by-side comparison of the existing program to the revised program. No fee is required for program revisions/changes.

To calculate the percentage of change in the clock/credit hours of a program, use the following: The difference between the original clock/credit hours and the proposed clock/credit hours (box 1), multiply by 100 and divide by the original clock/credit hours. This is the percentage of change for the program.

Credit/Contact/Clock Hour Change	Original Total Credit/Contact/Clock	Percentage of Change
	x100 Divided By	=

New Programs: A Supplemental License Application for a New Program is required if one of the following occurs:

1. Revisions to a licensed program that is equal to or greater than 25% of clock hours, credit hours, curriculum content or program length of the program.
2. Addition of Concentrations/Specializations/Majors to an licensed program
3. Distance Education Programs:
 - a. If the proposed distance education program is the first distance education offering of the institution.
 - b. If the proposed distance education program (degree or non-degree) is unrelated to current program offerings.

All Supplemental License Applications for New Programs can be found on the website at www.azppse.gov. Please note the applications are different for vocational and degree programs.

All Supplemental License Applications and Non-Substantive Program must be completed using the Service Request section of the e-Licensing portal at <https://elicense.az.gov>.

ARIZONA STATE BOARD FOR PRIVATE POSTSECONDARY EDUCATION
PROGRAM MODIFICATION FORM
NON-SUBTANTIVE REVISIONS FOR CURRENTLY LICENSED PROGRAMS

Please use this form to report NON-SUBSTANTIVE revisions/changes to currently approved programs.

Institution Name: _____

Address _____

City _____ State _____ Zip _____

Prepared by _____ Title _____

Date _____

Contact Phone No. _____ Fax No. _____

E-mail _____

The following NON-SUBSTANTIVE program modifications (check all that apply) are indicated below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Program Name | <input type="checkbox"/> Contact/Clock Hours | <input type="checkbox"/> Credit Hours |
| <input type="checkbox"/> Program Length | <input type="checkbox"/> Delivery Mode * | <input type="checkbox"/> Curriculum Content |
| <input type="checkbox"/> New Concentration | <input type="checkbox"/> Change in tuition and/or fees | |

Current Program Name _____

Proposed New Program Name _____

Credential:

- | | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Diploma | <input type="checkbox"/> Occupational Associate | <input type="checkbox"/> Academic Associate |
| <input type="checkbox"/> Associated of Applied Science | <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Master's | <input type="checkbox"/> Doctorate |

	Current	Proposed Change
Tuition	_____	_____
Fees	_____	_____
TOTAL TUITION & FEES	_____	_____
Number of Contact/Clock Hours	_____	_____
Number of Credit Hours		
___ Semester Credits	_____	_____
___ Quarter Credits	_____	_____
Program Length		
___ Weeks	_____	_____
___ Months	_____	_____
___ Years	_____	_____

Delivery Mode:

Residential _____

Online _____

*Explain how the proposed distance education program is appropriate for delivery through distance education methods. Explain and describe the method of delivery to be utilized for the proposed distance education program.

Curriculum Content – provide a side-by-side comparison

Current Curriculum Content	Proposed Changes to Curriculum Content

I hereby certify that all information reported on this form is correct and in compliance with Arizona statutes and rules and, if accredited, the _____ Standards of Accreditation.

Signature _____

Date _____

The following is attached:

_____ A brief narrative describing the changes from the existing program to the revised program.

_____ If accredited, a copy of the applicable standards of accreditation for the above program modifications.

The Arizona State Board for Private Postsecondary Education acknowledges the proposed revisions and updated the institutional file as required.

Signature _____

Date _____