



NEW/REVISED PROGRAM APPROVAL

Application Instructions and Definitions (pages 5-6) provide helpful information and guidance for the completion of this form.

Title 38, U.S. Code requires all new or revised programs offered by institutions under the jurisdiction of the State Approving Agency (SAA) to be reviewed and/or approved by the SAA prior to certification of enrollment to the VA. **This includes all new, revised or deleted non-college and degree program.**

A new program is a program not previously approved by the SAA. A revised program consists of changes to a previously approved program such as: changes to the program title, mode of instruction or total length of the program, and significant changes of more than 25% of the previously approved content of the program.

If the documents are submitted in hardcopy format, please send two copies; if submitted electronically, please send in one copy. Electronic submissions must be as a PDF. This applies to documents required for this form.

Schools approved by the Wisconsin Educational Approval Board (EAB) must receive EAB approval for each new or revised program prior to submitting this application to the SAA (See section III.F.).

PROGRAM (for which you are seeking approval).

Name of Program _____

New Revised (check all boxes that apply and describe the change(s) made.)

Revised Program Title _____

Revised Program Length _____

Other Revision(s) _____

I. INSTITUTION INFORMATION

A. Institution Name _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

B. Type of Institution (check all appropriate boxes)

<input type="checkbox"/> Accredited	<input type="checkbox"/> Non-Accredited	<input type="checkbox"/> EAB Approved
<input type="checkbox"/> College Degree (IHL)	<input type="checkbox"/> Non-College Degree (NCD)	<input type="checkbox"/> Both NCD and IHL
<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Private For-Profit	<input type="checkbox"/> Public

C. Name and Title of School Certifying Official (SCO) _____

Telephone Number (include area code) _____

FAX Number (include area code) _____

Email Address _____

Administrative Location: City _____ State _____

If approved by the VA under Title 38, CFR 21.4266 for centralized certification and the SCO is not located at the Wisconsin campus where this program is offered (listed in I.A), you must complete item E below.

D. Name and Title of Local Point-of-Contact (POC), if approved for Centralized Certification

Name _____ Title _____
Telephone Number _____
(include area code) _____ Email Address _____
Wisconsin Campus Location for Point-of-Contact: City _____

E. Institution Website Address _____

II. PROGRAM INFORMATION

A. Program Start/Effective Date (MM/DD/YYYY) (see Instructions, page 5) _____

B. Types of Instruction Used for this Program (check all appropriate boxes).

- Resident Distance Education/Independent Study Blended
 Cooperative Supervised Practical Training Remedial/Deficiency/Refresher

C. Type of Program (if a degree program, include the exact degree title earned. Examples: BFA; AAS; MBA).

- Doctorate Title _____ Master Title _____ Bachelor Title _____
 Associate Title _____ Diploma Certificate

D. Length of the Program

1. If measured in Credits:

a. Type of Term and Number of Weeks in each Term

- Semester Term – Weeks in Term _____ Quarter Term – Weeks in Term _____
 Non-Standard Term – Weeks in Term _____

b. Total Credits _____

2. If measured in Clock Hours:

a. Type of Term and Number of Weeks in each Term

- Semester Term – Weeks in Term _____ Quarter Term – Weeks in Term _____
 Non-Standard Term – Weeks in Term _____

b. Total Clock Hours _____ and Hours Per Week _____

c. The percentage of lecture /theory to lab/shop hours for the program measured in clock hours

Lecture Percentage _____ Lab Percentage _____

***NOTE:** For each clock hour program that varies in the number of clock hours of instruction per week, submit WDVA form 2913, Clock Hour Certification for Irregular Weeks, along with this application (see Section III.C.).

E. Accreditation Status of This Program.

Yes. If Accredited, List the Name of All Accrediting Bodies and Date Current Accreditation Expires).

No

F. Identify the Educational, Vocational or Professional Objective of This Program.

G. The School Is Approved by the Wisconsin Educational Approval Board (EAB) to Offer This Program:

Yes No If no, attach documentation of EAB exemption (see Section III.F.).

H. The Following Supporting Documents Are Submitted With This Request (e.g. new catalog and/or catalog addendum, program description, curriculum outline including each individual subject/course description, etc.) and identify the page number(s) where the new or revised program information may be found. List documents and publications by title, date and page number of the program.

	<u>DOCUMENT TITLE</u>	<u>DATE</u>	<u>PAGE(S)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I. The Addition of This New/Revised Program Leads to the Withdrawal of Current Approved Programs:

Yes No

If yes, please list the title of program withdrawn and the effective date below.

Program Title	Effective Date
_____	_____

III. ITEMS TO BE SUBMITTED WITH THIS DOCUMENT

- A.** WDVA form 2909 (this form).
- B.** Supporting documents listed in item II.H above.
- C.** Proposed advertising or promotional material that will be used by the school for this program.
- D.** Enrollment agreement or admission contract, if applicable.
- E.** WDVA form 2913, Clock Hour Certification for Irregular Weeks – for programs whose attendance/ instruction, as measured in clock hours, varies with each week.
- F.** Proof of Accreditation - If applicable, copies of written documentation that shows the name of each accrediting body, the date of initial accreditation, the date of the most recent grant of accreditation, and the current status of the accreditation.

IV. CERTIFICATION

I, the undersigned, certify that:

- A. I am an official of the school named in this application and I am authorized to make this certification.
- B. I understand that the school must maintain and make available for examination by duly authorized government representatives all records and accounts which are requested to ascertain that the institution and its branches are complying with the requirements of 38 U.S. Code.
- C. I certify there are no significant changes in the published school policies, found in the current school catalog materials, which apply to this program.
- D. I certify the information contained on this form and the supplemental materials submitted as part of the application are true and correct to the best of my knowledge.

Print or Type Name of School Official

Print or Type Title of School Official

Signature of School Official

Date

Application Instructions and Definitions

For a new or revised program to be approved for veterans' education benefits, a school is required to submit an application to the Wisconsin State Approving Agency (SAA) requesting approval. The program must be approved by the SAA before benefits can be paid to the eligible individuals by the VA. This packet of information can be submitted either in hardcopy or electronic format. If electronic, it must be as a PDF.

PROGRAM for which you are seeking approval - List the new or revised program name *exactly as approved* by any applicable accrediting agencies and/or state licensing agencies.

I. INFORMATION ABOUT THE INSTITUTION

A. Institution Name

List the SAA approved name and complete address of the institution, where the programs for which you seek approval will be taught or administered.

B. Type of Institution

Federal regulations establish different standards of approval for accredited and non-accredited institutions. Accreditation will be considered with regard to SAA approval only if the accrediting agency is recognized by the U.S. Secretary of Education (DoEd). Recognition by the DoEd does not guarantee accredited status with regard to SAA actions. A list of recognized accrediting agencies can be found at <http://ope.ed.gov/accreditation/>.

Federal regulations also establish different standards of approval for Institutions of Higher Learning (IHL), which offer programs leading to a college degree (Associate, Bachelors, Masters, Doctorate), and non-college degree institutions (NCD), which offer programs leading to diplomas or certificates. Additionally, college degree and non-college degree programs are evaluated using separate standards. If your institution offers both degree and non-degree programs check that box. Check only one box on this line.

Most private institutions must be approved to offer education and/or training in the state of Wisconsin by the State of Wisconsin, Educational Approval Board (EAB). **While EAB approval is required for non-exempt institutions, it is not sufficient for SAA approval.** A list of EAB approved institutions and their approved programs, and institutions that are exempt from this requirement can be found at <http://www.eab.state.wi.us/>. Training institutions or schools can also be approved by other agencies such as the Wisconsin Department of Safety and Professional Services (DSPS).

II. PROGRAM INFORMATION

A. Program Start/Effective Date

This can be the start date (MM/DD/YYYY) of the first class in the new or revised program. It can also be the day the Wisconsin EAB approved the program or, if exempt from EAB authority, the effective date from other Wisconsin approval authority or the first day of an academic term.

Contact the SAA if you have a student enrolled in this program who may be eligible for benefits once it is approved for certification.

B. Type(s) of Instruction Used for this Program

Check all boxes which will apply.

Resident instruction includes on-site instruction that provides the student real-time interaction with the instructor. Computer based/Closed Circuit Television instruction that includes real-time (synchronous) interaction between the student and the instructor is deemed resident instruction. A course must have a classroom meeting at least once every two weeks to be considered residential.

Distance education/independent study is defined in part as self-directed, self-paced study that does not include direct instructor supervision or interaction. **This type of instruction cannot be approved for NCD and/or non-accredited institutions** (38 CFR 21.4267).

A program with **Blended instruction** includes both resident and distance/independent coursework. Since programs must be approved in total, **such programs cannot be approved for NCD and/or non-accredited institutions.**

A **Cooperative program** is a full-time, planned program of education that includes classroom instruction courses alternating with training in a business or industrial setting that supplements the institutional portion. For this type of program, the classroom instruction time must be at least half of the training time (38 CFR 21.4233(a)).

Supervised practical training may be called internship, residency, practicum or externship. This type of instruction **may be approved if** the instruction is part of an approved curriculum offered by an accredited institution that oversees the program activities, requires at least weekly classroom attendance, and maintains continuity of measured outcomes (38 CFR 21.4265(c)).

Remedial/Deficiency/Refresher instruction such as the completion of a high school diploma or equivalent **may be approved if** evidence is maintained in the veterans' files documenting a deficiency and requiring the course(s) be completed in residency prior to entry into a specific program (38 CFR 21.4200(s)(t)). This type of instruction must be instructor led; it cannot be Independent Study or Distance Education. Career Development/ avocational courses are **not approved for veterans' benefits** (38 CFR 21.4252(b)).

C. Supporting Documents

Download and print pages from school website or catalog. If sent electronically, then send as a locked PDF or on a CD. Along with a program description, please provide course descriptions for the courses that support the program.

D. Type of Program

Check the type of educational objective and list the exact degree granted if applicable.

E. Program Length

1. Complete items 1.a. and 1.b. for a program measured in credits. Only check one box.
2. Complete items 2.a. through 2.c. for a program measured in clock hours. Only check one box.

In clock hour programs where theory (lecture/classroom) instruction predominates, full-time training for VA benefits must be at least 18 clock hours per week. In programs where shop (lab/practical) instruction predominates, full-time training for VA benefits must be at least 22 clock hours per week.

F. Percentage of Lecture and Lab Training Time

List the percentages of lecture/theory and lab/shop that constitute each program. This designation is particularly relevant for programs that involve cooperative and/or practical instruction.

G. Program Accreditation

Check the appropriate box and list the exact name of each accrediting body and the date the current accreditation expires.