

REQUEST FOR PROGRAM MODIFICATION (NON COLLEGE DEGREE PROGRAMS)

PART I – FACILITY INFORMATION

ate:
ame of School:
lailing Address:
hysical Address:
hief Administrative Officer/Title:
ame/Title of Contact:
el. # Fax #
mail Address:

School is organized as:	Public Entity (City, State, or Federal)
	Non-Profit Corporation
	Other (specify)
Accreditation Status:	Accredited
	(Provide name of accrediting agency below)
	Expiration Date of Accreditation:
	Non-accredited
Facility is:	Non-College Degree
	High School
Other:	Licensure Examination
Please cor	nplete additional page(s) applicable to your facility type
Comments:	



NON-COLLEGE DEGREE INSTITUTIONS (NCD)

*Attach additional pages if required

Are you reporting a change in accreditation status?
Yes No
If yes, explain:
Are you remaying a new college degree program?
Are you removing a non-college degree program?
If yes, please list the program here
in yes, please list the program here
Are you adding a non-college degree program?
If yes, please list the program here and attach the new catalog or an addendum with
appropriate page number(s): Note: You <u>must</u> indicate if the program listed is a continuing
education program or a program that is offered under contract with a third party.
education program or a program that is one red under contract with a third party.
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Are you modifying an existing non-college degree program?
If yes, please document here and attach new catalog or addendum with appropriate page
number(s):
Are you reporting other changes?
If yes, please specify change(s):



HIGH SCHOOLS ONLY

*Attach additional pages if required

Are you reporting modifications to a previously approved education program?
If yes, explain:
ii yes, expidiii.
Are you reporting other changes?
If yoo overlain.
If yes, explain:



LICENSING PROGRAMS ONLY

*Attach additional pages if required

Are you adding a new licensure test?
If yes, explain:
Are you making a change to a previously approved test?
If yes, explain:
Are you reporting other changes?
If yes, please specify change(s):



I agree to the following conditions:

- To immediately report applicable changes to VA: New and removed non-college degree programs, accreditation status or air agency certification, address, etc..
- To keep adequate records that show the progress and grades of the eligible person or Veteran and to show that satisfactory standards relating to progress and conduct are enforced. (see 38 USC 3680A (b)(1))
- To maintain a written record of the previous education and training of the eligible person or Veteran that clearly indicates that appropriate credit has been given by the educational institution for previous education and training, with the training period shortened proportionately. (see 38 USC 3680 (b)(2))
- To not certify eligible persons or Veterans in courses precluded such as bartending or personality development courses, courses pursued by radio, and courses avocational or recreational in character, unless the course will be of bonafide use in the pursuit of present or contemplated business or occupation. NOTE: The listing is not all-inclusive. (see 38 USC 3680A and the Code of Federal Regulations 21.4252)
- To report enrollment and any interruption or termination without delay of the education of the eligible person or Veteran. The listing is not all-inclusive. (see 38 USC 3684)
- The institution must not engage in enrollment practices of any type, which are erroneous, deceptive, or misleading either by actual statement, omission, or intimidation.
- To make students' files available for review by representatives of the U.S. Department of Veterans Affairs and State Approving Agencies.
- To provide a certified copy of the school's catalog to VA, when changes are made. (if applicable high schools are not required to submit catalogs)
- The school will select an employee to act as the contact person for VA, and will inform VA and complete a new VA Form 22-8794, Designation of Certifying Official when a new employee is selected.

I certify that:

The information contained in this notification form is <u>true and correct in content and policy</u> and I am aware that the institution or facility must comply with applicable statues and regulations and that failure to comply may lead to suspension or withdrawal of programs by the VA.

(Signature of School Certifying Official)

(Date)

(Name and Title of School Certifying Official)

Please submit your letter along with the application packet to:

Maryland Higher Education Commission State Approving Agency for Veterans Education Benefits RE: NCD – Program Modification 6 N. Liberty Street, 10th Floor Baltimore, MD 21201