



Maryland State Approving Agency

ANNUAL CATALOG REVIEW/PROGRAM UPDATE FORM

Date: _____
 Name of School/Training Establishment: _____
 Facility Code: _____
 Main Campus Mailing Address: _____
 Main Campus Physical Address: _____

 Name of Primary SCO/Title of Primary SCO: _____
 Telephone # _____ Alt Telephone # _____
 Email Address: _____
 Facility Classification: Public Private For Profit Private Non-Profit
 Accredited: Yes No If Yes, list accrediting body:

This packet is required for the submission of any new program requests, modifications, program schedules, updating school calendars and/or deletions to your existing DVA WEAMS Program Inventory. **All requests for institution and program approval must be submitted to the SAA.**

Note: It is your responsibility to ensure all information provided within this document has all current state, industry and/or federal approvals. Your requests will not be processed if we are unable to verify the details of programs.

- **Accreditation Status:** Any changes in accreditation status must be reported to the SAA immediately.
- **Contracted Courses/Programs:**
- In accordance with **38 CFR 21.4233**, both schools and/or training facilities must have approval from the SAA. Please attach a copy of the joint memorandum of understanding or contract with this request.
- **Teach Out:** Must enter the teach-out date in parentheses beside the program name. A copy of the agreement must be submitted to MHEC for review and subsequent approval prior to the effective date of the teach-out. You are not permitted to enroll additional students once the program enters into teach-out status.

Please check one of the following:

- I certify the accompanying catalog to be true and correct in content and policy. The course outline/curriculum for the programs on the following page(s) may be found on the page number(s) in the catalog as indicated.
- I certify the accompanying catalog to be true and correct in content and policy. ***I am not submitting any new programs and/or modifications with this catalog.*****

Print the Name of Authorized School Certifying Official

Signature of Authorized School Certifying Official

Date

*****You must submit this Catalog Review form, completed in its entirety, every academic year. This includes all Degree and Non-Degree programs along with their related schedules & calendars.
Programs not submitted in this format will not be accepted.***

CATALOG CHECKLIST

GENERAL INFORMATION	PAGE(S)	SAA check
The school name as it appears on the application for program review.		<input type="checkbox"/>
Date of publication, volume number or other identifying data.		<input type="checkbox"/>
School's complete street and/or mailing address, office and fax telephone numbers in its MD location, website address.		<input type="checkbox"/>
Names of the school and its governing body, officials, and faculty.		<input type="checkbox"/>
A calendar of the school showing legal holidays, beginning and ending date of each quarter , term , or semester , and other important dates.		<input type="checkbox"/>
School policy and regulations on enrollment and with respect to enrollment dates and specific entrance/admissions requirements for each program.		<input type="checkbox"/>
School policy and regulations relative to leave, absences, class cuts, makeup work, tardiness, and interruptions for unsatisfactory attendance .		<input type="checkbox"/>
School policy and regulations relative to standards of progress required of the student. This policy will define the grading system of the school, the minimum grades considered satisfactory conditions for interruption for unsatisfactory grades or progress, and a description of the probationary period, if any, allowed by the school, and conditions of reentrance for those students dismissed for unsatisfactory progress. A statement will be made regarding progress records kept by the school and furnished the student.		<input type="checkbox"/>
School policy and regulations relating to student conduct and conditions for dismissal for unsatisfactory conduct.		<input type="checkbox"/>
Detailed schedule of fees, charges for tuition, books, supplies, tools, student activities, laboratory fees, service charges, rentals, deposits, and all other charges.		<input type="checkbox"/>
Policy and regulations relative to the refund of the unused portion of tuition, fees, and other charges in the event the student does not enter the course, or withdraws, or is otherwise discontinued from the enrolled program of study.		<input type="checkbox"/>
A description of the available space, facilities, and equipment.		<input type="checkbox"/>
A course outline, including course description, for each program for which approval is requested, showing subjects or units in the course, type of work, or skill to be learned, and approximate time and clock hours to be spent on each subject or unit.		<input type="checkbox"/>
Policy and regulations relative to granting credit for previous education and training.		<input type="checkbox"/>

MARYLAND STATE APPROVING AGENCY APPROVED PROGRAM LIST

Please use this form to indicate those **approved** programs that require **no** changes and should remain in the Web Enabled Approval Management System (WEAMS). For programs being added, revised, or withdrawn, please complete the "State Approving Agency Program Review Form" for each program (Page 5). You may submit your own supplemental document in lieu of this form.

Credential	Program Name (As listed in WEAMS)	Page Number in Catalog
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
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	38.	
	39.	
	40.	

Institution Teaching Locations

- List the main campus and all additional teaching locations
- Ensure each location is an official approved location with MHEC and/or your accreditation agency

<i>Main</i>	Institution Name Main Campus: Street Address City, MD Z/C
Branch	
Branch	
Branch	
Branch	
Branch	
Branch	
Branch	
Branch	
Branch	

These locations must be listed within your current student catalog and/or handbook.

STATE APPROVING AGENCY PROGRAM REVIEW FORM

Please complete ONE form for each program

If applicable, ensure that the program has been reviewed and approved by the Secretary of the Maryland Higher Education Commission.

REQUESTED CHANGE	<input type="checkbox"/> Adding new program <input type="checkbox"/> Withdrawing previously-approved program <input type="checkbox"/> Changing program name <input type="checkbox"/> Changing program length <input type="checkbox"/> Teach-Out (TO) <input type="checkbox"/> Other (explain below)				
IF PROGRAM CHANGE, TO OR "OTHER", EXPLAIN					
PROPOSED PROGRAM NAME			CURRENT PROGRAM NAME (if approved)		
CREDENTIAL	Choose an item.	EDUCATION TYPE	Choose an item.	TOTAL CREDIT/CLOCK HOURS	
EFFECTIVE DATE OF CHANGE		FULL-TIME MODIFIER		CATALOG LOCATION (page number)	
TRAINING TYPE (indicate all that apply)	<input type="checkbox"/> Internship/Externship <input type="checkbox"/> Practical Training <input type="checkbox"/> Independent Study		TRAINING MODALITY (indicate all that apply)	<input type="checkbox"/> Resident <input type="checkbox"/> Distance Learning (Online) <input type="checkbox"/> Hybrid	
LOCATION OF INSTRUCTION	<input type="checkbox"/> Main Campus <input type="checkbox"/> Other	If "Other", please provide address of that location and explain:			
NON COLLEGE DEGREE PROGRAMS ONLY	What is the total number of classroom hours? What is the total number of practical training hours (includes internship/externship)? What are the clock hours per week? Please provide the tuition and mandatory fees (itemized): Please attach course schedules with program start and end dates: Note: A supplemental document can be submitted with your application to complete this section.				

Please make additional copies as needed
Flight Training/Public Safety Training must attach a program summary form

INSTITUTIONS OF HIGHER LEARNING (IHL ONLY)

IHL ACADEMIC CALENDAR – DEGREE PROGRAMS			
START & END DATES FOR EACH SEMESTER/QUARTER SEMESTER (SEMESTERS AND/OR OFF-CYCLE DATES)			
Semester	Start Date	End Date	Drop Deadline
<i>i.e. Fall, Winter, Spring, Summer I/Summer II</i>	<i>01/03/2017</i>	<i>01/24/2017</i>	<i>01/06/2017</i>

CONTINUING EDUCATION/NON-DEGREE (NCD) CLOCK HOUR PROGRAMS ONLY			
START & END DATES FOR EACH TRAINING PERIOD (SEMESTERS, MODULES AND/OR OFF-CYCLE DATES)			
Modules/Units	Start Date	End Date	Break/Holidays
<i>i.e. CNA Module 1, Module 2, etc.</i>	<i>01/03/2017</i>	<i>01/24/2017</i>	<i>Christmas 12/25/19 Spring Break 4/1 – 4/5/19</i>

IHL HOLIDAY OR BREAK SCHEDULE			
MUST SUBMIT WITH EACH CATALOG			
REASON FOR HOLIDAY/BREAK	Start Date	End Date	Total number of days (calendar days)
<i>i.e. Spring Break</i>	<i>March 1, 2017</i>	<i>March 8, 2017</i>	<i>8</i>

NON-COLLEGE DEGREE INSTITUTIONS ONLY:

NCD ACADEMIC CALENDAR – NON-DEGREE CLOCK HOUR ONLY PROGRAMS

**START & END DATES FOR EACH TRAINING PERIOD
(SEMESTERS, MODULES AND/OR OFF-CYCLE DATES)**

Modules/Units	Start Date	End Date	Break/Holidays
<i>i.e. CNA Module 1, Module 2, etc.</i>	<i>01/03/2017</i>	<i>01/24/2017</i>	<i>Christmas 12/25/19 Spring Break 4/1 – 4/5/19</i>

(Make additional copies if needed)

LIST OF SECONDARY SCHOOL CERTIFYING OFFICIALS

**** Please do not list SCOs that have not been approved by the Department of Veterans Affairs**

New SCO must complete the VA Form 22-8794

All SCOs must complete the annual online training requirements and maintain access to VA-ONCE and other VA Systems as required.

Name of Primary SCO/Job Title of Primary SCO: _____

Tel. # _____

Email Address: _____

Add to MHEC SAA Listserv YES or NO

Requires VA-ONCE System Access YES or NO

Name of Secondary SCO/Title of Secondary SCO: _____

Tel. # _____

Email Address: _____

Add to MHEC SAA Listserv YES or NO

Requires VA-ONCE System Access YES or NO

MANDATORY:

Name of Director/Immediate Manager/Supervisor of SCO: _____

Job Title: _____

Tel. # _____

Email Address: _____

We encourage you to use a generic email address (i.e. veterans@yourschool.edu) to ensure you are receiving all state and federal communications timely.

Federal regulations mandate all institutions and/or training establishments wishing to enroll Veterans and others eligible beneficiaries to submit two copies of their most recent catalog or bulletin with its application [38 CFR 21.4253(d) and 21.4252(b)].

It is preferred that you submit your application electronically with a pdf copy of your catalog. If you send a hard copy of your application, please include a thumb drive with a pdf copy of the catalog. - **We do not accept website links.**

This application and its supporting documents may be submitted to the following:

Maryland State Approving Agency
Maryland Higher Education Commission (MHEC)
6 N. Liberty Street, 10th Floor, Baltimore, Maryland 21201
General Email - vaeducationbenefits.mhec@maryland.gov