

## PROGRAM/COURSE LIST

**NAME OF SCHOOL:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

Please complete a separate form for Main Campus and each Branch Campus

Provide below the information requested for each and every **program/course** for which approval is required.

<u>Name of Program or Course</u> <u>(Alphabetical Order)</u>	<u>Time of</u> <u>Training*</u>	<u>Length**</u> <u>of Training</u>	<u>Delivery of</u> <u>Instruction***</u>	<u>Tuition</u> <u>Only</u>
Sample: Medical Assistant	D, E, W	200 Clock Hours	Residential	\$2,000.

\* Time of Training – Day(D), Evening(E), Weekend(W), Lessons(L)

\*\* Length designated in - clock hours, credit hours, quarter credit hours, lessons

\*\*\* Delivery of Instruction – residential, on-line, home-study/correspondence. You must list each type of delivery separately.