



**RI**

**Office of the  
Postsecondary  
Commissioner**

560 Jefferson Blvd., Suite 200  
Warwick, RI 02886-1304  
401-736-1100 | TDD: 401-734-9481  
www.riopc.edu

**PROGRAM APPROVAL INFORMATION FORM**

Schools must obtain OPC approval **prior** to offering new programs or courses and **prior** to making changes to existing programs or courses. A Program Approval Information form is required for **each** program.

Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

New Program Proposed Start Date: \_\_\_\_\_

Change(s) to Existing Program Effective Date of Change(s): \_\_\_\_\_

Program Title	Length of Program in Clock Hours	Length of Program in Credit Hours	Length of Program in Weeks	Reg. Fee	Tuition	Other Charges*	Total Cost

\*Specify other Charges (from above):

Description	Charge

Entrance Requirements:

*(e.g., high schools diploma/GED, minimum level of English proficiency, CPR certificate, etc.)*

1. Complete this section **ONLY** if you are requesting approval in **clock hours**.

Day  Evening Total hours in classroom lecture? \_\_\_\_\_ Total hours in lab/shop? \_\_\_\_\_

Total hours of online instruction? \_\_\_\_\_

Clock hours per week: \_\_\_\_\_ X \_\_\_\_\_ weeks in program = \_\_\_\_\_ total clock hours in program.

Maximum class size: \_\_\_\_\_

2. Complete this section **ONLY** if you are requesting approval in **credit hours**.

Day  Evening? Credit hours (check one):  Semester  Trimester  Quarter

Length of semester/trimester/quarter: \_\_\_\_\_ #Weeks: \_\_\_\_\_ #Hours: \_\_\_\_\_

Total credit hours in program: \_\_\_\_\_

Total credit hours in: classroom/lecture: \_\_\_\_\_ lab: \_\_\_\_\_ online: \_\_\_\_\_ internship: \_\_\_\_\_

Classroom/lecture: hours per day: \_\_\_\_\_ days per week: \_\_\_\_\_

Lab: hours per day: \_\_\_\_\_ days per week: \_\_\_\_\_

Online: hours per day: \_\_\_\_\_ days per week: \_\_\_\_\_

Internship: hours per day: \_\_\_\_\_ days per week: \_\_\_\_\_

Maximum class size: \_\_\_\_\_



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3. Accreditation agency or other agencies approvals (Attach copies of accreditation/approval letters):  
Approval from: \_\_\_\_\_ Date of Approval: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Approval from: \_\_\_\_\_ Date of Approval: \_\_\_\_\_ Expiration: \_\_\_\_\_

4. Program Objective/Description (*attached additional sheets as necessary*):  
\_\_\_\_\_  
\_\_\_\_\_

5. Procedures for granting credit for previous training or experience (*attached additional sheets as necessary*):  
\_\_\_\_\_  
\_\_\_\_\_

6. Graduation/completion requirements (*attached additional sheets as necessary*):  
\_\_\_\_\_  
\_\_\_\_\_

7. Student evaluation procedures (*attached additional sheets as necessary*):  
\_\_\_\_\_  
\_\_\_\_\_

8. If completion of the program leads to a profession that requires state licensure or other certification, please provide specific information about the following (*attached additional sheets as necessary*):

a) Describe any licenses, credentials, or additional course work beyond that which is provided by the institution required to practice the profession or vocation in the state:  
\_\_\_\_\_  
\_\_\_\_\_

b) Describe the degree to which completion of the required coursework meets state license or credential requirements:  
\_\_\_\_\_  
\_\_\_\_\_

c) Provide evidence that the program has received the necessary approval or accreditation for students completing the program to apply for all required licenses or credentials:  
\_\_\_\_\_  
\_\_\_\_\_

9. List all library holdings that relate to each program (*attached additional sheets as necessary*):

Title	Author	Publication Date	ISBN

10. List the equipment that will be used for each program, including quantity and manufacturer for each item of equipment (*attached additional sheets as necessary*):

Equipment Name	# Items	Used for	Purchase Date	New/Used



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11. Course Information (submit one copy of this page for each course in the program):

a) Name of course: \_\_\_\_\_

b) Objective(s) of course (attached additional sheets as necessary):

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c) Prerequisites for admission to course:

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d) How many clock or credit hours are required for completion of course? \_\_\_\_\_

e) Sequence of topics (attached additional sheets as necessary):	# Weeks	# Hours In-person	#Hours Online
<b>Total</b>			