



KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502) 564-3296, Extension 227 ~ www.finance.ky.gov/bpe

APPLICATION TO REVISE AN EXISTING PROGRAM FOR 25% OR MORE

INSTRUCTIONS

1. This application must be typed or printed legibly and completed in its entirety.
2. This application and all supporting material must be submitted with the application fee of One Hundred Fifty Dollars (\$150.00). This fee is nonrefundable. All fees must be paid by check or money order made payable to the **Kentucky State Treasurer**. DO NOT SEND CASH.
3. Attach continuation sheets if more space is needed to provide information.
4. Refer to KRS 165A.330(1), KRS 165A.340(3),(7), KRS 165A.360(1), KRS 165A.370(1)(q), KRS 165A.400 and 201 KAR 40:020 and 201 KAR 40:025.
5. This completed application may be submitted to the Kentucky State Board for Proprietary Education either by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

SCHOOL INFORMATION

School Name		Date	
Street Address	City	State	Zip Code
Telephone Number	Fax Number	Website Address	
Administrative Contact Person Name	Title		
Administrative Contact Person Address	City	State	Zip Code
Administrative Contact Phone Number	Fax Number	Email Address	

ACCREDITATION

List all agencies accrediting this school.

Accrediting Agency Name	Date Accredited
Accrediting Agency Name	Date Accredited

PROGRAM INFORMATION

The following are being revised for this program. Check all that apply.

- Program Name
- Course Name(s)
- Curriculum Content
- Contact/Clock Hours

- Credit Hours
- Program Length
- Other

Mode of Delivery

- Onsite
- Online
- Other

If Other, please explain.

Name of Program



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Revised Name of Program _____

Type of Program

- Certificate
- Diploma
- Other

- Associate of Arts
- Associate of Science
- Associate of Applied Science
- Associate of Occupational Studies

If Other, please explain. _____

COURSE INFORMATION

List all courses in the current program first, then list all the new courses in the revised program. Indicate by using an asterisk, each course revision and whether such revision is an addition, deletion or a revision of name or title from the currently approved program.

Course Number	Course Name or Title	Current		Revised	
		Contact/Clock Hours	Credit Hours	Contact/Clock Hours	Credit Hours

CALCULATION OF PROGRAM REVISION

Type of Hours <input type="checkbox"/> Contact/Clock <input type="checkbox"/> Quarter Credit <input type="checkbox"/> Semester Credit	Current	Revised	Percent Revised
Number of Hours For Added Courses			
Number of Hours for Deleted Courses			
Number of Courses with Revision of Name or Title			
Program Length in Weeks			
Cost of Program			

SUPPORTING MATERIAL

- A list, marked Exhibit A, of any revised performance objectives, indicating skills and understanding student(s) will have upon completion of this revised program.
- An equipment inventory, marked Exhibit B, of new or different equipment to be utilized by the student(s) to successfully complete this revised program.
- A list, marked Exhibit C, of new instructors and a complete FORM FOR INSTRUCTIONAL STAFF & KEY ADMINISTRATIVE PERSONNEL (PE-11), for each new instructor of this revised program.

CERTIFICATION

I certify that the information provided on this application as submitted to the Kentucky State Board for Proprietary Education is true and correct in its entirety. In addition, I hereby pledge to follow all standards set out in KRS Chapter 165A and all rules and regulations set out in 201 KAR Chapter 40.





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School Official Name

Title

School Official Signature

Date