



Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0818

OFFICE USE ONLY

Date Stamp _____

Application # _____

Application fee _____ Date _____

School Code _____

Revenue Code **12570062 / 12570063**

Application for Authorization to Change from Clock Hours to Credit Hours
(California Education Code (CEC) §§ 94894, 94896; Title 5, California Code of Regulations (CCR) § 71653)

- Approved Institution \$500.00 non-refundable fee**
 Institution Approved By Means of Accreditation \$250.00 non-refundable fee

1. INSTITUTION

Name of Institution: _____

School Code _____

Address: _____

City _____

State _____

Zip _____

Phone Number: _____

Fax Number: _____

Website Address: _____

2. INSTITUTION'S CONTACT PERSON (for this application)

Name _____

Email Address _____

Address _____

City _____

State _____

Zip _____

Telephone Number _____

Fax Number _____

Is this institution approved by means of accreditation? ___ Yes ___ No If this institution is approved by means of accreditation attach the certification required by Title 5 CCR section 71653 and then skip to #9.

Attached is a certified copy of the current verification of accreditation granted by the accrediting agency.

3. REASON FOR CHANGE

Describe the reasons for the proposed change to confer credit hours (units) instead of clock hours for each educational program proposed to change. If the information cannot be written in the space provided, attach additional pages to this form.

Additional information attached: ___ Yes ___ No

4. DATE

Date of the proposed change? _____

5. TYPE OF CONVERSION

Indicate below whether the institution is seeking to confer quarter or semester (or other) credit hours.

6. CURRICULUM

Describe how the curriculum will be changed or adapted to meet the minimum requirements for the conferral of credit hours. If the information cannot be written in the space provided, attach additional pages to this form.

Additional information attached: Yes No

7. CALCULATION

Describe proposed credit hour calculations by listing all applicable instructional hours of lecture, lab, practicum, and other planned learning experiences as determined by duly qualified faculty ("duly qualified faculty" as defined in Title 5 CCR section 70000(j)). If the information cannot be written in the space provided, attach additional pages to this form.

Identify and quantify time in hours outside of instruction which an institution requires a student to devote to preparation (this means time for preparation for instruction, study of course material, or completion of educational projects) for planned learning experiences. If the information cannot be written in the space provided, attach additional pages to this form.

Additional information attached: Yes No

8. ADDITIONAL INFORMATION

Include any material facts, as defined in Title 5 CCR section 71340(a), which have not otherwise been disclosed in the application that without inclusion would cause the information provided on this application to be false, misleading or incomplete. If the information cannot be written in the space provided, attach additional pages to this form.

Additional information attached: Yes No

The institution may also include any other facts that the institution would like the Bureau to consider in approving this application. If the information cannot be written in the space provided, attach additional pages to this form.

Additional information attached: Yes No

9. DECLARATION UNDER PENALTY OF PERJURY

This application shall be signed by the following:

- Each owner of the institution, or
 - If the institution is incorporated, by the chief executive officer of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
 - By each member of the governing body of a nonprofit corporation.
-

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Owning _____ % of Ownership Chief Executive Officer _____ Member, Board of Directors _____

General Partner _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Owning _____ % of Ownership Chief Executive Officer _____ Member, Board of Directors _____

General Partner _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Owning _____ % of Ownership Chief Executive Officer _____ Member, Board of Directors _____

General Partner _____

Attach Additional Sheet(s) if Necessary

NOTICE ON COLLECTION OF PERSONAL INFORMATION

The information requested on this application is mandatory pursuant to CEC sections 94894, 94896 and Title 5 CCR section 71653. Failure to provide all of the information requested will result in the application being ineligible for processing, or subject to denial (Title 5 CCR section 71655). The information provided will be used to determine qualification of the applicant for authorization to make a substantive change to its approval to operate by the Bureau for Private Postsecondary Education (Bureau). The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information maintained by the Bureau unless the records are exempted from disclosure by law as specified in Civil Code section 1798.40. For questions about this notice or access to your records, you may contact the Bureau for Private Postsecondary Education, P.O. Box 980818, West Sacramento, CA 95798-0818, by phone at (916) 574-8900, or by email at bppe@dca.ca.gov.