SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY

1122 Lady Street, Suite 300, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-3610

APPLICATION 3676

Date: _____

Name of Institution: _____ FAC: _____

Address of Institution: _____
Street City State Zip

Name of Contact:_____Title: _____

Voice: _____ Fax: _____ E-Mail: _____

Type of Institution: ☐Profit ☐Non-profit ☐Tax Supported

Name of Program / Course (if Course Approval , Include Delivery Method)	**Current Catalog Page Number** (or attach display)	**Effective Date** (mm/dd/yyyy)
	☐New ☐Re-approval ☐Revision ☐Withdrawn	
	☐New ☐Re-approval ☐ Revision ☐Withdrawn	
	☐New ☐Re-approval ☐ Revision ☐Withdrawn	
	☐New ☐Re-approval ☐ Revision ☐Withdrawn	
	☐New ☐Re-approval ☐ Revision ☐Withdrawn	

I certify that this institution does not utilize advertising, sales, or enrollment practices which are erroneous, deceptive, or misleading either by actual statement, omission, or intimation based on examination of such materials as direct mail pieces, brochures, printed literature (used by sales persons), films, video tapes, and audio tapes disseminated through broadcast media, materials disseminated through print media, tear sheets, leaflets, fliers, and any sales recruitment manuals used to instruct sales personnel, agents, or representatives of this institution.

☐ 3676 Application Worksheet is attached and accurate. *Initials:* _____

_____
Signature of Authorized Official

_____
Printed Name

_____
Title