## SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION SOUTH CAROLINA STATE APPROVING AGENCY

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## APPLICATION 3676 – PROGRAMS CURRENTLY APPROVED

Name of Institution:	FAC:					
Name of Program/Course	Program(s) Revised, Place Check Mark in Box, See Revised/Withdrawn Application	Current Catalog Page Number (or attach curriculum)	Program Length/Credit /Clock Hours	IHL	NCD Diploma Certificate	Effective Date (mm/dd/yyyy)
I certify that this institution does not utilize a misleading either by actual statement, omissi brochures, printed literature (used by sales pe materials disseminated through print media, personnel, agents, or representatives of this in	on, or intimation based on examin ersons), films, video tapes, and aud tear sheets, leaflets, fliers, and any	ation of such mater lio tapes disseminat	ials as direct mail piece ed through broadcast n	nedia,		
		Signatur	e of Authorized Officia	al		
			Printed Name			

Title