SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION SOUTH CAROLINA STATE APPROVING AGENCY

1122 Lady Street, Suite 400, Columbia, SC 29201 Voice: (803) 737-2260 Fax: (803) 737-3610

APPLICATION 3676

REQUEST FOR REAPPROVAL FOR PROGRAMS CURRENTLY APPROVED

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	
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	☐ New ☐ Re-approval ☐ Revision ☐ Withdrawn	
	□New □Re-approval □ Revision □Withdrawn	
	□New □Re-approval □ Revision □Withdrawn	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 □Withdraw	
	□New □Re-approval □ Revision □Withdrawn	
actual statement, omission, or intimation based on exampersons), films, video tapes, and audio tapes disseminat	sales, or enrollment practices which are erroneous, deceptive, or mislean ination of such materials as direct mail pieces, brochures, printed literated through broadcast media, materials disseminated through print media to instruct sales personnel, agents, or representatives of this institution.	ure (used by sales
	Signature of Authorized Office	ial
	Printed Name	

Title