

NEW PROGRAM REQUEST FOR STUDENTAID BC ELIGIBILITY for Public Post-Secondary Schools

Date of Request: _____
Name of School: _____
Requested by (name of FAO): _____
FAO Phone No.: _____

Name of New Program: _____

- Attach program/course description (include allowable Educational Costs).
- Attach a breakdown of Study Period weeks, including breaks in study.
- 1. Is this program being offered at a full-time (100%) courseload with on-site instruction? yes no
- 2. Is the program at the post-secondary level? yes no
- 3. What type of formal credential will be issued?
 - Certificate Degree
 - Diploma Other
- 4. Who will be issuing the credential? _____
- 5. Indicate whether or not the program will be:
 - for numeric credit approved by school's Senate/Education Council
 - base budget funding none of the above
- 6. How many weeks is the program of study? _____ weeks
- 7. If this is a "Non-Credit" program,
 - a. how many instructional hours per week? _____ hours
 - b. is the number of hours standard for the Institution? yes no
 - c. if the program is not base-funded, what are the published minimum entrance requirements? _____

8. Will the program be delivered on site?..... yes no
- If “no”, will the students earn the same number of credits in the same time period, as students in other StudentAid BC eligible programs delivered on site? yes no
- Will they earn academic credits that are recognized at another designated institution listed in the BC Transfer Guide or other acceptable articulation agreements from other jurisdictions? yes no
9. Is this a Partnership/Joint Program? yes no
- If yes;
- a. Will student be registered and pay all required fees to your institution? yes no
- b. Is the second school designated for StudentAid BC purposes?..... yes no
10. Is this a Dual Credit program? yes no
- If yes, please refer to the SABC manual under - dual credit - and provide the necessary confirmation requirements listed.

A. Practicum..... n/a

- i. Is the practicum component required to obtain the credential..... yes no
- ii. What is the percentage of practicum duration to total program length? ____%
- iii. Are the students paid? yes no
- iv. Are students supervised and evaluated by the employer? yes no
- v. How often will students be monitored by the instructor/institution?
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B. Clinical Placement..... n/a

- i. Is the clinical placement component required to obtain credential?.... yes no
- ii. What is the percentage of total clinical placement to the total program length?_____ %
- iii. Are students paid?..... yes no
- iv. What is the instructor/student ratio? _____
- v. Is the clinical placement in a real-life setting under the immediate supervision of a fully qualified individual?..... yes no
- vi. How often will students be monitored by the instructor/institution?
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C. Preceptorship..... n/a

- i. Is the preceptorship required for graduation?..... yes no
- ii. What is the percentage of preceptorship duration to total program length? _____%
- iii. Are students paid?..... yes no
- iv. Is the preceptorship in a real-life setting under the immediate supervision of a fully qualified individual?..... yes no
- v. How often will students be monitored by the instructor/institution?

D. Pre-accreditation Internship/Externship..... n/a

- i. Is the internship/externship required for graduation?..... yes no
- ii. What is the percentage of the internship/externship duration to total program length? _____%
- iii. Are students paid?..... yes no
- iv. Is the internship/externship in a real-life setting under the immediate supervision of a fully qualified individual?..... yes no
- v. How often will students be monitored by the instructor/institution?

11. Paid Work Term (Co-op Education)..... n/a

- i. Will students be paid at competitive rates for work? yes no
- ii. What is the percentage of total co-op work term to total time spent in institution study? _____%
- iii. Will work assignments be related to the field of study and employer evaluation be part of the institution records?..... yes no
- iv. Will the students progress and performance be monitored by the institution in the form of onsite visits?..... yes no

_____ FAO/Chief Administrative Officer Signature	_____ Date
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FOR OFFICE USE ONLY

APPROVED NOT APPROVED

Signing Officer

Date

Signing Officer

Date