

**FORM 6
PROGRAM REVIEW TEMPLATE - RECERTIFICATION**

**Application for Recertification of Course/Degree Program Template
Distance Delivery/On-Site**

Complete this form for each degree program to be recertified.
All information must be sent electronically, including a link to the catalog to Alana.boles@adhe.edu

Institution name:

Title of degree program:

Check one: Distance Delivery Onsite Both

Address of home institution:

Address of Arkansas campuses, if applicable:

Date of last certification:

Agency and date of home state approval:

Name, phone number, and email address of person submitting the information:

Using the approved curriculum in the AHECB agenda book, attach the document and make the following changes in the curriculum:

- **Strike out the information that is no longer correct – degree/course hours, degree/course name**
- **Add the new information in red and in italics**
- **Each degree should be on a separate attachment.**
- **If there have not been any changes to the curriculum, sign the following statement:**

There have not been any changes to this program.

Name _____ **Title** _____

- **You must complete Form 13, detailing faculty information.**
- **Financial information**

Include a copy of the most recent audit covering all funds and accounts for the institution. This may be sent electronically or through the mail with the fee.

- **Program faculty**

Complete a faculty information spreadsheet, Form 13, which includes a sampling of faculty members teaching in this program. The majority of the faculty should be those that teach degree-specific courses. The others that should be included are those that teach general education courses.

- **Enrollment and graduates:**

Number of Arkansas residents enrolled (by year) in the program since last certification:

Number of Arkansas residents (by year) who graduated from this program since last certification:

Number of students currently enrolled: