



## 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?
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**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?
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**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

_____ <b>FAO/Chief Administrative Officer Signature</b>	_____ <b>Date</b>
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**FOR OFFICE USE ONLY**

APPROVED  NOT APPROVED

\_\_\_\_\_  
**Signing Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signing Officer**

\_\_\_\_\_  
**Date**