

Enter College/University Name - Official Program Title

Enter a Brief Program Description:

Enter List of Required Courses and Number of Credits Required to Complete the Program:

Enter your School's Regional Accreditation Information:

Point of Contact(s):

Name:

Job Title:

School Name:

School Mailing Address:

City, State Zip Code:

Phone Number:

Email:

Name:

Job Title:

School Name:

School Mailing Address:

City, State Zip Code:

Phone Number:

Email:

Name:

Job Title:

School Name:

School Mailing Address:

City, State Zip Code:

Phone Number:

Email:

Additional Information: (i.e., School/Program website or additional POCs)

Updated Date:

"Please note: Some of the Web sites linked to in this document are not federal government Web sites, and may not necessarily operate under the same laws, regulations, and policies as federal Web sites."