## 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 Public-Tax Supported		
Name of Program / Course (if Course	Current Catalog Page Number (or	<b>Effective Date</b>
Approval, Include Delivery Method)	attach display)	(mm/dd/yyyy)
	$\Box$ New $\Box$ Re-approval $\Box$ Revision $\Box$ Withdrawn	
	□New □Re-approval □ Revision □Withdrawn	
	□New □Re-approval □ Revision □Withdrawn	
	□New □Re-approval □ Revision □Withdraw	
	□New □Re-approval □ Revision □Withdrawn	

I certify that this institution does not utilize advertising, sales, or enrollment practices which are erroneous, deceptive, or misleading either by actual statement, omission, or intimation based on examination of such materials as direct mail pieces, brochures, printed literature (used by sales persons), films, video tapes, and audio tapes disseminated through broadcast media, materials disseminated through print media, tear sheets, leaflets, fliers, and any sales recruitment manuals used to instruct sales personnel, agents, or representatives of this institution.

Signature of Authorized Official

Printed Name

Title