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%) course load 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
   ☐ base budget funding        Senate/Education Council
   ☐ 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?

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?
C. Preceptorship

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

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)

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

FOR OFFICE USE ONLY

☐ APPROVED ☐ NOT APPROVED

_____________________________  ________________
Signing Officer Date

_____________________________  ________________
Signing Officer Date