



New Course Submission

See the Provider Manual for more details.
Not all questions may be applicable to all providers.
For More Information:
ICCB, Associate Director for Program Compliance, Adult Education & Literacy

Provider Name: _____ APC # & Code/5-Digit College #: _____

Instructional Category: _____ PCS Code: _____ CIP Number: _____ Fixed Enrollment: _____ Open Enrollment: _____

Course Number/Code: _____ Course Title/Name: _____

Intensity and Duration (Hrs. per Day/Days per Week/Number of Weeks): _____

Population the Course is Expected to Serve: _____

Credit Hour Total: _____

Units of Instruction Minimum: _____

Times Course Can Be Repeated: _____

Fixed: _____

Units of Instruction Maximum: _____

Variable: _____

(Include justification for variable credit hours.)

Lecture Hours: _____

Incorporated Lab Hours: _____

(Funding does not pay for separate lab sections.)

Job Skills Incorporated: _____

Citizenship: _____ Math Only: _____

Bridge: _____ (If yes, fill out form 11D additionally.)

Hybrid: _____ (If yes, fill out form 11-OL additionally.)

Distance Education:

I-Pathways: _____

Burlington English: _____

Other: Vendor: _____ (See approved vendor list on ICCB website. Fill out form 11-OL additionally.)

Provider Developed: _____ (If Provider Developed, fill out form 11-OL additionally.)

Course Description:

Submitted By: _____

Printed Name

Title

Phone

Signature

Date

E-Mail

Approved:

Reviewed By: _____

Not Approved:

Printed Name

Title

Date Received: _____ Process Date: _____

Signature

Date