

Illinois Community College Board



Adult Education and Literacy

APC CHANGE FORM

Indicate the approved changes from the signed APC plan and submit for ICCB approval to the **Illinois Community College Board, Adult Education and Literacy Department, 401 E. Capitol Avenue, Springfield, IL 62701.**

Name of Program: _____ **Requested Date of Change:** _____

Site Information:

Provide complete site name, address, city and zip. (APC 508 – Name the specific City College sub-area)

Site Name: _____

Site Address: _____

City: _____ ZIP: _____

Sub-area (508 only): _____

Add? Eliminate?

If add:

Estimate number of unduplicated students to be funded by ICCB: _____

Estimate number of unduplicated students to be funded by other sources: _____

Instructional Services:

Type of Instruction/Classes/Courses: _____

Add? AM PM

Eliminate?

Funded by sources other than ICCB AEL? Yes No

Support Services:

Type of Support Service: _____

Add? Eliminate?

Funded by sources other than ICCB AEL? Yes No

Change approved by APC on: _____ APC Chair Signature: _____

ICCB Approval : _____ Date: _____
Senior Director of Adult Education and Literacy