

**SUBMIT IN  
DUPLICATE  
WITH EXHIBITS**

ILLINOIS STATE BOARD OF EDUCATION  
Educator and School Development Division  
Private Business and Vocational Schools  
100 North First Street, E-310  
Springfield, Illinois 62777-0001

**PRIVATE BUSINESS AND VOCATIONAL SCHOOL  
APPLICATION FOR APPROVAL OF A COURSE OF  
INSTRUCTION, SHORT COURSE, OR  
SUPPLEMENTARY COURSE OF INSTRUCTION**

- ISBE USE ONLY -	DATE TO ACCOUNTING
	CHECK NUMBER
	\$
	ACCOUNT CODE

**INSTRUCTIONS:** Prepare in duplicate for each course for which approval is requested. Retain one copy in the school files. The course may not be offered until notice of approval has been received from the State Board of Education. There is no charge for course of instruction approval for schools making original application. **SCHOOLS ALREADY POSSESSING A CERTIFICATE OF APPROVAL MUST PAY THE APPROPRIATE FEE**

- **\$150 FEE FOR EACH APPLICATION FOR APPROVAL OF A SUPPLEMENTARY COURSE OF INSTRUCTION. A SUPPLEMENTARY COURSE OF INSTRUCTION IS A NEW COURSE OF INSTRUCTION ADDED TO THE LIST OF SUCH COURSES PREVIOUSLY APPROVED BY THE SUPERINTENDENT.**
- **\$50 FEE FOR EACH SHORT COURSE. A SHORT COURSE IS DEFINED AS 20 CLOCK HOURS OR LESS IN LENGTH.**

**REMITTANCE SHALL BE MADE BY CERTIFIED CHECK, CASHIER'S CHECK, MONEY ORDER, OR BANK DRAFT, PAYABLE TO THE ILLINOIS STATE BOARD OF EDUCATION.** The application and fee should be mailed to: **Illinois State Board of Education, Educator and School Development Division, Private Business and Vocational Schools, 100 North First Street, E-310, Springfield, Illinois 62777-0001.**

NOTE: To facilitate evaluation of the course of instruction the school must have lesson plans, teaching guides, instruction outlines, performance and competency standards, supplementary reading lists, syllabi, admissions tests and procedures, class examinations, proposed class schedules, policies such as those regarding outside preparation and practices, etc., available for review at the school site. Additionally, a distance education course shall be supported by a plan to ensure instructors will be trained to use effectively the distance education method employed.

SCHOOL NAME	TELEPHONE (Include Area Code)
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ADDRESS (Street, City, State, Zip Code)

ADDRESS WHERE INSTRUCTION WILL BE GIVEN (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
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TITLE OF COURSE OF INSTRUCTION FOR WHICH APPROVAL IS REQUESTED

PROJECTED START DATE	COSTS					
	Registration	Tuition	Book	Lab Fees	Supplies/Tools	Total costs
<input type="checkbox"/> Check here if method of delivery is distance education. Distance education is defined as a teaching and learning situation in which (1) the instructor and the learner are geographically separated and (2) instruction and materials are delivered or exchanged or delivered and exchanged by mail, electronic devices or other means.	IDENTIFY THE LENGTH OF THE COURSE OF INSTRUCTION					
	Class Hours	Semester/Quarter Hours	Home Study Lessons	Distance Education Lessons		

**\*NOTE: Only schools accredited by a nationally recognized accrediting body may elect to award credit hours.**

CATALOG DESCRIPTION OF COURSE OF INSTRUCTION:

**SUPPORTING:** The following information and exhibits must be submitted with the application.

**CHECKLIST      EXHIBITS:**

ISBE      Applicant

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. List of vocational objectives for the course. (Use recognized occupational titles.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. List of training objectives for the course. (List knowledge, understandings, and specific skills a student should acquire or attain upon completion of the course.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Specific admissions requirements for the course with an explanation stating for whom the course is intended.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. An outline of the course in sufficient detail to reveal its scope and sequence. The following information should be included for each of the course's main phases (subjects, units, topics or home study lessons): |
| <input type="checkbox"/> | <input type="checkbox"/> | A. Title of each phase.   |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Brief written description of the content of each phase including knowledge, skills and understandings a student should acquire or attain upon completion of that phase.  |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Prerequisites, if any, for each phase.   |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Clock hours of classroom instruction and shop, laboratory, and practicum required for each phase.  |
| <input type="checkbox"/> | <input type="checkbox"/> | E. Textbook assignments for each phase. (Textbook information should include title, author, publisher, and copyright.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | F. Explanation of how student academic progress and competencies will be evaluated for each phase.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Inventory of instructional equipment for course on Form ISBE 29-17.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Floor plan indicating classrooms, stations, laboratories to be utilized for the course.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Draft copy of the catalog or catalog supplement which includes description of the course.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Instructor Qualification Record, Form ISBE 29-08 for each instructor who will teach the course.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. If the course is a distance education course, provide a plan that includes a diagram of the infrastructure and list of personnel that will be employed to support the distance education course of instruction.    |

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Managing Employee

**- ISBE USE ONLY -**

Approved

Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ISBE Staff Member