



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 Start of Class(es) Date:

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 Code

Sub-area (APC 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 (Check all that apply).

Instructional Category: ABE ASE ESL Class(es) Eliminated

NRS Levels Included

ESL: ABE: ASE: Beginning Literacy ESL Level 1 Beginning Literacy ABE Level 1 Low Advanced ASE: ABE Level 5
Low Beginning ESL Level 2 Beginning Basic ABE Level 2 High Advanced ASE: ABE Level 6
High Beginning ESL Level 3 Low Intermediate ABE Level 3
Low Intermediate ESL Level 4 High Intermediate ABE Level 4
High Intermediate ESL Level 5
Advanced ESL Level 6

Class Schedule: Check the day(s) when class(es) will be conducted.

Weekday(s): Monday Tuesday Wednesday Thursday Friday
Weekend: Saturday Sunday

Indicate the time ranges when class(es) will be conducted.

AM: PM:

Will the class be hybrid? Yes No

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: Print Name ICCB Adult Education Staff Signature Date