Course Modification

For More Information:
ICCB, Associate Director of 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.)

Detailed Description of What is Being Changed and Why:

Submitted By: _____

                Printed Name   Title   Phone

              _____

              Signature   Date   E-Mail

Approved: **Reviewed By:** _____   **Not Approved:**   Printed Name   Title   **Date Received:** _____ **Process Date:** _____   _____   Signature   Date