

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY
220 Stoneridge Drive, Suite 220, Columbia, SC 29201**

ACADEMIC CATALOG/STUDENT HANDBOOK CHECKLIST AND CERTIFICATION

An authorized institutional representative should complete and sign this form.

SCHOOL _____ CITY _____

CATALOG / BULLETIN DATES: _____ HANDBOOK DATES: _____

**Note: On each line below, specify the page number and the publication that contains the required information. For example, if volume number and date of publication are found on page 1 of the catalog, you would write "1-C"; if on page 1 of the handbook, write "1-H"*

Undergraduate Policies	SAA Initial	Graduate Policies	SAA Initial	
				1. Volume number and date of publication
				2. Names of school governing body, officials, and faculty
				3. Calendar showing beginning and ending dates of each term, holidays, and other important dates
				4. Policy for minimum entrance requirements
				5. Policy on granting credit for prior education
				6. Grading system (to include policy for removing Incomplete (I) grades)
				7. School's policies describing conditions under which a student's training/benefits would be interrupted: a. probationary period if any _____ b. academic progress c. unsatisfactory conduct
				8. Policy describing conditions which must be satisfied to allow a student to be re-instated or re-enrolled following interruption of training/benefits
				9. Policy concerning leave _____, attendance _____, and tardiness <u>N/A</u>
				10. Statement of academic progress records maintained by the school and furnished to the student
				11. Graduation requirements
				12. Schedule of tuition and fees, and/or total cost of each course
				13. Policy describing pro-rata refund of tuition and fees as required by CFR 21.4255 (<u>for Non-Accredited Colleges / Universities Only</u>)

I certify that this CATALOG/HANDBOOK/BULLETIN is true and correct in content and policy.

Name of Authorized Institutional Representative:

Print Name: _____

Signature: _____

Title: _____

Telephone: _____

Date Signed: _____