

**EXHIBIT "A"**  
**SUMMARY AND CLASSIFICATION OF COURSES**

NAME OF SCHOOL
ADDRESS (NUMBER, STREET, CITY, ZIP)
NAME OF PROGRAM:
IS THE PROGRAM CLOCK HOUR OR CREDIT HOUR? (If you are unable to determine if your program is clock or credit hours, please contact the State Board Office.) If the program is a credit hour program, please indicate if it is semester or quarter credit hours. <input type="checkbox"/> CLOCK HOUR <input type="checkbox"/> SEMESTER CREDIT HOUR <input type="checkbox"/> QUARTER CREDIT HOUR
IS ANY PART OF THE PROGRAM OFFERED VIA DISTANCE EDUCATION :    ____ YES    ____ NO If yes, you need to complete PSR0011 and submit the required distance education information.

Provide a title and classification of the courses comprising the program by quarter or semester as in the example. Complete the "Clock Hours" portion if you are a clock hour school (do not complete the "Credit Hours" portion). You may complete both the "Credit Hours" and "Clock Hours" portion if you are a credit hour school or you may provide a written explanation as to how the credit hours were calculated for each course. Continue on another Exhibit "A" form if necessary.

**EXHIBIT "A"**

Course No. (If Any)	Course Title	Clock Hours		Credit Hours	
		Class	Lab	Technical	Non-Technical
TOTAL THE HOURS IN THE CLOCK HOURS AND/OR CREDIT HOURS COLUMNS:					

