



MIKE KRAUSE
Executive Director

STATE OF TENNESSEE
HIGHER EDUCATION COMMISSION
PARKWAY TOWERS, SUITE 1900
NASHVILLE, TENNESSEE 37243-0830
(615) 741-5293
FAX: (615) 532-8845

BILL HASLAM
Governor

Application for Change of Institutional Location

Per Rule 1540-01-02-.07(6), absent extraordinary circumstances, this application shall be submitted thirty (30) days prior to relocation.

INSTITUTIONAL DATA			
Institution Name:			
DPSA Institution Code:			
Current Physical Location Address			
Address:			
City:	State:	Zip:	County:
Current Square Footage:		Current Lease Expiration Date:	
Mailing Address (This address is used only if you are unable to receive mail at the current physical location.)			
Address:			
City:	State:	Zip:	
Institution Contact Data			
Telephone No.:		Fax No.:	
Web Site:		Email:	
Name of the Institutional Director:			
Direct Telephone No.:		Cell Phone No.:	
Email:			
Name of Secondary On-Site Contact:			
Title:			
Telephone No.:		Email:	
Name of Corporate Contact:			
Title:			
Telephone No.:		Email:	
CONTACT PERSON FOR THIS APPLICATION			
Name:			
Address:			
City:	State:	Zip:	
Telephone No.:		Email:	
PROPOSED NEW LOCATION INFORMATION			
Address:			
City:	State:	Zip:	
Does this change of location also apply to your corporate office? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Will the institution's phone numbers change? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes complete the following)			
New Telephone No.:		Institutional Director's New Direct No:	
Expected Date of Move:		Anticipated start date of classes at proposed location:	

Will your institution <input type="checkbox"/> Rent <input type="checkbox"/> Own		Square Footage:
If renting, beginning date of new lease:		Expiration date of new lease:
If leasing, name of property manager:		
Property manager's address:		
City:	State:	Zip:
Property manager's Telephone No.:		
Have all the appropriate agencies been notified e.g. accrediting agencies, health related boards, etc.? If YES, attach a copy of the approval letter under Attachment 2 of this application. If NO or N/A, attach an explanation under Attachment 2 of this application. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Will any educational activities continue at the current location? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach an explanation under Attachment 3 of this application.		
Will this institution have facilities other than at the address listed in the information above? (If yes, please attach an explanation under Attachment 6 of this application.) <input type="checkbox"/> Yes <input type="checkbox"/> No		

AFFIRMATION OF INSTITUTIONAL DIRECTOR	
I affirm the following are true:	
<ul style="list-style-type: none"> I have completed or reviewed this application in its entirety. The information contained in the attached documents is accurate. The institution is maintained and operated in compliance with all pertinent ordinances and laws including, but not limited to, rules and regulations adopted pursuant to ordinances and laws, relative to the safety and health of all persons upon the premises. 	
<u>Institutional Director Signature:</u>	
<u>Print Name:</u>	
<u>Date</u>	
<u>Owner Signature:</u>	
<u>Print name</u>	
<u>Date:</u>	

For Office Use Only	
<u>Entered By</u>	<u>Payment</u>

ATTACHMENT CHECKLIST

You must provide the items in the checklist in order for your application to be complete. Refer to Rule 1540-01-02-.07(6) of the Rules of the Tennessee Higher Education Commission for additional information. If an attachment is not applicable to your program, write the number of the attachment and "N/A" next to it, along with an explanation as to why the attachment is not applicable. All responses must be typed and submitted following the appropriate question on the application. Incomplete applications will not be processed.

Your institution will be notified if your application requires additional information to be submitted. Once the application is complete and reviewed by DPSA staff, a site visit will be scheduled for institutions located in Tennessee. Upon a successful site visit, your institution will be notified of approval of the change of location. **After receiving the approval notice, your institution must provide an institutional bond and/or letter of credit and, if applicable, agent bond(s) reflecting the new address.**

FEE AND DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION	
<input type="checkbox"/>	1. <u>CHANGE OF LOCATION FEE OF \$500</u> – Place the fee in an envelope marked "Change of Location." Attach the envelope to the top of the application. Payment must be made with a business check, money order, or cashier's check. No personal checks will be accepted. Make checks payable to the State of Tennessee.
<input type="checkbox"/>	2. <u>AGENCY NOTIFICATION</u> – Please provide verification of compliance, in writing, from the appropriate entity/entities or explain why approval is not required.
<input type="checkbox"/>	3. <u>EDUCATIONAL ACTIVITIES</u> – Explain what educational activities will continue at the currently authorized location.
<input type="checkbox"/>	4. <u>JUSTIFICATION FOR CHANGE OF LOCATION</u> – On a separate sheet of paper, please justify in narrative form the reasons for the change of location including the effect this will have on current students, administrative staff, and faculty.
<input type="checkbox"/>	5. <u>STUDENT ACCOMODATIONS</u> – Pursuant to Rule 1540-01-02-.07(6)(d), "If a move is beyond ten (10) miles and a student is prevented from completing the training at the new location, a full refund of all moneys paid and a release from all obligations will be given to the student or loan holder." <ul style="list-style-type: none"> • Is the proposed location change of your institution over 10 miles? <input type="checkbox"/>Yes <input type="checkbox"/>No If YES, explain how students have been/will be notified of the move and provide documentation to DPSA demonstrating that students have agreed to the move over 10 miles or have opted to receive a full refund of all moneys paid. • Will current students be taught out prior to the relocation? <input type="checkbox"/>Yes <input type="checkbox"/>No If YES, provide an explanation of what provisions have been made for the teach out. If NO, please explain.
<input type="checkbox"/>	6. <u>FACILITY</u> – If the building to be occupied by the institution will be leased as indicated under the Proposed New Location section of the application, attach a copy of the lease or relevant agreement. If leased, the lease should comply with Rule 1540-01-02-.07(6)(b)(2). If the building to be occupied by the institution is owned, provide proof of ownership. Additionally, if the institution indicated that the institution will have facilities other than at the address listed in the application, please provide an explanation.
<input type="checkbox"/>	7. <u>COMMERCIALY ZONED</u> – If not stated in the lease, provide evidence demonstrating that the location is commercially zoned.
<input type="checkbox"/>	8. <u>EQUIPMENT</u> – List all equipment that will be moved to the proposed location and explain if any new equipment will be leased or purchased. If applicable, provide a list of the equipment to be leased or purchased.

Send completed application to one of the addresses listed below:

Via USPS:

**Attn: Dr. Stephanie Bellard Chase
Tennessee Higher Education Commission
Parkway Towers, Suite 1900
404 James Robertson Parkway
Nashville TN 37243-0830**

Via FEDEX or UPS:

**Attn: Dr. Stephanie Bellard Chase
Tennessee Higher Education Commission
Parkway Towers, Suite 1900
404 James Robertson Parkway
Nashville TN 37219-1585**