



MIKE KRAUSE
Executive Director

STATE OF TENNESSEE
HIGHER EDUCATION COMMISSION
PARKWAY TOWERS, SUITE 1900
NASHVILLE, TENNESSEE 37243-0830
(615) 741-5293
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BILL HASLAM
Governor

INFORMATION REQUEST

(Applicable to Institutions Exempt Pursuant to T.C.A. § 49-7-2004(a)(6))

A completed application must be submitted for each proposed location.

INSTITUTIONAL DATA	
Institution Name:	
OPE ID No.:	
Address:	
City:	State:
Zip:	County:
Institution Contact Data	
Telephone No.:	Fax No.:
Web Site:	Email:
Name and Title of On-Site Director (Administrator):	
CONTACT PERSON FOR THIS APPLICATION	
Name:	Title:
Address:	
City:	State:
Zip:	County:
Phone No.:	Email:
PERSON AUTHORIZED TO RESPOND TO COMPLAINTS FROM TENNESSEE RESIDENTS	
Name:	Title:
Address:	
City:	State:
Zip:	County:
Phone No.:	Email:

AFFIRMATION OF PERSON WHO PREPARED THIS APPLICATION

I affirm the following are true:

- I have completed or reviewed this application in its entirety.
- I affirm the institution has had its primary campus domiciled in the same state for at least twenty (20) consecutive years and continues to have its primary campus domiciled in that state.
- I affirm the institution is accredited by an accrediting agency recognized by the United States Department of Education (USDOE) and has been accredited by a recognized accreditor for at least twenty (20) consecutive years.
- I affirm the institution is chartered where its primary campus is domiciled as a not-for-profit entity and has continuously been so chartered for at least twenty (20) consecutive years.
- I affirm the institution meets and maintains financial standards deemed acceptable by the accreditor for the purpose of maintaining accreditation and USDOE for the purpose of being a Title IV eligible institution.
- The information contained in the attached documents is accurate.

Signature:	
Print Name:	
Title:	
Date:	

ATTACHMENT CHECKLIST

You must provide the items in the checklist in order for your application to be complete. Refer to T.C.A. § 49-7-2004(a)(6) for additional information. Upon receipt of this form and other documentation, DPSA will review the materials and determine whether your institution meets the requirements of T.C.A. § 49-7-2004(a)(6). If justified, the Division of Postsecondary State Authorization (DPSA) will send your institution an exemption letter noting that in order to maintain the exemption your institution must annually submit an Information Request. If further information is needed, DPSA will contact the above listed individual.

DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION	
<input type="checkbox"/>	1. TENNESSEE STUDENTS - Provide the number of Tennesseans enrolled at your institution as either full-time or part-time students during the past fiscal year. Pursuant to Rule 1540-01-02-.03(27), "enrollment refers to those students who have attended one (1) session of class, turned in one (1) assignment, or received one (1) distance learning lesson."
<input type="checkbox"/>	2. TENNESSEE ACTIVITIES - For institutions without a physical location in Tennessee, provide a summary of your institution's recruitment and a list of activities in Tennessee.
<input type="checkbox"/>	3. GRIEVANCE POLICY - Attach a copy of the institution's grievance policy found in the student handbook or catalog. Be sure to include the page of the student handbook or catalog indicating the version and date of the student handbook or catalog.
<input type="checkbox"/>	4. EXEMPTION LETTER - If DPSA has reviewed the exemption status of your institution in the past and has issued a letter declaring your institution to be exempt, you must attach a copy of the letter. If DPSA has not previously made a determination regarding the exemption status of your institution or recognition of your institution's exemption status expired more than 90 days ago, you must complete Attachments 5-8.
<input type="checkbox"/>	5. STATE DOMICILE - Provide documentation which shows the primary campus has been domiciled in the same state for at least twenty (20) consecutive years and continues to have its primary campus domiciled in that state.
<input type="checkbox"/>	6. ACCREDITATION - Provide documentation that your institution is accredited by an accrediting agency recognized by the United States Department of Education (USDOE) and has been accredited by a recognized accreditor for at least twenty (20) consecutive years.
<input type="checkbox"/>	7. NOT-FOR-PROFIT - Provide documentation that your institution is chartered where its primary campus is domiciled as a not-for-profit entity and has continuously been so chartered for at least twenty (20) consecutive years.
<input type="checkbox"/>	8. FINANCIAL STANDARDS - Documentation that your institution maintains financial standards deemed acceptable by the accreditor to maintain accreditation and, if receiving Title IV, documentation that your institution maintains financial standards deemed acceptable by USDOE for the purpose of being a Title IV eligible institution.

SEND YOUR COMPLETED APPLICATION PACKAGE TO:

via standard mail:

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

via FEDEX, DHL or UPS:

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

via email to:

thec.dpsa-application@tn.gov
with the subject:
Information Request Form

KEEP A COMPLETE COPY OF THE APPLICATION PACKAGE FOR YOUR FILES.