



MIKE KRAUSE
Executive Director

STATE OF TENNESSEE
HIGHER EDUCATION COMMISSION
PARKWAY TOWERS, SUITE 1900
NASHVILLE, TENNESSEE 37243-0830
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BILL HASLAM
Governor

APPLICATION FOR REAUTHORIZATION OF A POSTSECONDARY EDUCATIONAL INSTITUTION

A typed, completed application must be submitted for **each location**. This application is a legal document that will be used by Commission staff to determine your institution's eligibility for reauthorization. Any false or deliberately misleading information that is provided as part of this application may result in denial of the application and additional action pursuant to Rule 1540-01-02-.22.

Institutions with regular, temporary, or conditional authorization shall file a reauthorization application by the due date for the Committee meeting that is approximately one (1) year from the institution's initial authorization date. Institutions may request an extension of time to file the reauthorization application by submitting an extension request and fee of \$500 to Dr. Stephanie Bellard Chase, Associate Executive Director for the Division of Postsecondary State Authorization (DPSA) of the Tennessee Higher Education Commission (THEC). All extension requests must include a valid rationale as well as a proposed submission date. You will be notified in writing as to the status of your request.

INSTITUTIONAL DATA			
Institution Name:			
Institution Code:			
Physical Location Address			
Address:			
City:	State:	Zip:	County:
Mailing Address (This address is used only if you are unable to receive mail at the 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:

CURRENT INSTITUTIONAL ACCREDITATION DATA (The only accrediting agency recognized by THEC are those approved by the U.S. Department of Education.)Is your institution accredited? Yes No

1. Accreditor Name:

Highest Credential Level of Accreditation:

Initial Accreditation Date:

Accredited Through Date:

2. Accreditor Name:

Highest Credential Level of Accreditation:

Initial Accreditation Date:

Accredited Through Date:

Has there been any change in the accreditation status of the institution in the past year? (If yes, please attach an explanation under Attachment 4 of this application.) Yes No**COMPLAINTS**

Are there any complaints related to the provision of education involving the institution, parent institution, or corporate parent presently under review by a licensing agency, any accrediting body, or governmental agencies? (If yes, please attach an explanation under Attachment 5 of this application.)

 Yes No

Are there any legal actions pending by or against the parent institution or corporation that are related to the provision of education? (If yes, please attach an explanation under Attachment 5 of this application.)

 Yes No

Are any legal actions pending by or against the institution that are related to the provision of education? (If yes, please attach an explanation under Attachment 5 of this application.)

 Yes No

Have any judgments or settlements been rendered in favor of or against the institution, or related business entity in the past year specific to Tennessee operations or Tennessee students? (If yes, please attach an explanation under Attachment 5 of this application.)

 Yes No**OWNERSHIP INFORMATION**

Has there been any change in the ownership information since the last authorization or reauthorization application was submitted? (If yes, please answer questions under Attachment 6 of this application.)

 Yes No

If yes, check the box next to the ownership structure that currently applies to your institution.

- Sole Proprietorship
- Partnership
- S-Corporation
- C-Corporation
- Limited Liability Corporation
- Limited Partnership
- Limited Liability Partnership
- Not-for-Profit Corporation
- Government Agency (State-Operated Institution)
- Other

Other than the institution that is the subject of this application, has any principal owner or board member ever been associated as a principal party, owner, or administrator in an educational institution that participated in federal student financial aid programs? (If yes, please attach the institution name and the principal owner's association with the institution under Attachment 6 of this application.)

Yes No

Other than the institution that is the subject of this application, has any principal owner or board member ever been associated as a principal party, owner, or administrator in an educational institution that ceased operation with a resulting loss of time or money for enrollees? (If yes, please attach the institution name and the principal owner's association with the institution under Attachment 6 of this application.)

Yes No

FACILITIES

Are the facilities at the physical location address listed on page 1 of this application:

Owned Leased Donated

Was the lease or donation agreement renewed or otherwise amended since the initial authorization or reauthorization application was submitted? (If yes, provide a copy of the lease or agreement under Attachment 7 of this application.)

Yes No Not Applicable

Is the lease or donation agreement scheduled to terminate within twelve (12) months of submitting this application? (If yes, provide an explanation of how your institution plans to continue to offer training or plans to renew the lease or donation agreement under Attachment 7 of this application.)

Yes No Not Applicable

If owned, has the ownership interests changed since the initial authorization or reauthorization application was submitted? (If yes, please attach an explanation under Attachment 7 of this application.)

Yes No Not Applicable

During the past year, has there been any reduction or increase in the square footage of facilities used by the institution? (If yes, please attach an explanation under Attachment 7 of this application.)

Yes No

Is your institution approved by THEC to provide training at a location other than the physical location address listed on page 1 of this application? (If yes, please answer the questions under this section as to that address and include under Attachment 7 of this application.)

Yes No

FEDERAL STUDENT FINANCIAL AID INFORMATION

Does your institution participate in federal student financial aid programs as defined by Rule 1540-01-02-.03(30)? (If yes, please answer the questions in Attachment 8 of this application.)

Yes No

If yes, please provide the institution's OPEID No.:

PROGRAM REVIEWS AND AUDITS

Have any program reviews or audits of the institution been conducted by federal, state, or private agencies other than DPSA during the last twelve (12) months? (If yes, please attach a copy of the review or audit under Attachment 9 of this application.)

Yes No

SCHOLARSHIPS, GRANTS, AND TUITION WAIVERS

Were funded scholarships, grants, or tuition waivers awarded during the past year? (If yes, please include the dollar amounts in the spreadsheet under Attachment 10 of this application.)

Yes No

Were unfunded scholarships, grants, or tuition waivers awarded during the past year?

Yes No

For Office Use Only

Entered By

Payment

ATTACHMENT CHECKLIST

You must provide the items in the checklist in order for your application to be complete. Refer to Tenn. Code Ann. § 49-7-2001, *et seq.* and Rule Chapter 1540-01-02 for additional information.

Please provide each item below as indicated. 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. When completing the attachments, do not answer a question with reference to other documents.

If an application is not typed or is incomplete, the application will be deferred to the next deadline per Rule 1540-01-02-.07(1)(c). Further, an application missing any applicable fees will not be reviewed until all fees are received and may be deferred per Rule 1540-01-02-.07(1)(b).

Listed below are the application deadlines, Committee meeting dates, and Commission meeting dates. You will be notified if your application will not be presented. Unless otherwise posted, all Committee on Postsecondary Educational Institutions meetings will be held at 404 James Robertson Parkway, Nashville, Tennessee, in the 18th floor board room at 10:00 a.m. Central Standard Time.

Deadline Date for Application	Committee Meeting	Commission Meeting
4/17/2017	7/13/2017	7/27/2017
7/28/2017	10/26/2017	11/15/2017

FEE AND DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION	
<input type="checkbox"/>	1. REAUTHORIZATION FEE – Please refer to Attachment Checklist Item #10 to determine the amount of the fee due. Place the reauthorization fee in an envelope marked "Reauthorization." 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. DIRECTOR'S STATEMENT OF INTENT – Complete the attached Director's Statement of Intent and attach the original signed and notarized statement.
<input type="checkbox"/>	3. OWNER'S STATEMENT OF INTENT – Complete the attached Owner's Statement of Intent and attach the original signed and notarized statement.
<input type="checkbox"/>	4. ACCREDITATION DOCUMENTATION – If applicable, provide the following hard-copy documents: <ul style="list-style-type: none"> a. Evidence of institutional accreditation, and if applicable, authority to offer degrees from a regional or national institutional accrediting agency recognized by the U.S. Department of Education (USDOE); and b. If your institution answered "yes" to the question under the Current Institutional Accreditation section that required additional explanation, provide said explanation.
<input type="checkbox"/>	5. COMPLAINTS – If the institution answered "yes" to any of the questions under the Complaints section of the application, attach an explanation in a hard-copy document for each affirmative answer.
<input type="checkbox"/>	6. INSTITUTIONAL OWNERSHIP INFORMATION – If there has been any change in the ownership or governing body of the institution since the last authorization, provide hard-copy documents with: <ul style="list-style-type: none"> a. a description of the new ownership structure or governing body of the institution, b. as applicable, the names and contact information for all owners with more than ten percent (10%) of the voting interests in the corporation, indicating the percentage of ownership next to their name(s) or the names and contact information for the executive officers of the governing body, c. if applicable, a corporate flowchart showing the institution's position in relationship to all affiliated corporate entities, and d. if the institution uses a "doing business as" (dba) title, please list the full dba. Additionally, if the institution answered any questions under the Ownership Information section of the application that require further explanation, attach the required explanation in a hard-copy document.

<input type="checkbox"/>	<p>7. FACILITIES – If applicable, provide the following:</p> <ol style="list-style-type: none"> a. If the institution answered “yes” to any of the questions under the Facilities section of the application, attach an explanation in hard-copy document or necessary documentation for each affirmative answer. b. If the property is leased, provide a hard-copy document including: <ol style="list-style-type: none"> i. the name of the property management company; ii. the name of a contact in the property management office; and iii. the full address and phone number of the contact.
<input type="checkbox"/>	<p>8. TITLE IV ELIGIBILITY DOCUMENTATION – If the institution answered “yes” to the question under the Federal Student Financial Aid section of the application, provide hard-copy documents including:</p> <ol style="list-style-type: none"> a. The most recent independent audit completed, in part, for purposes of calculating the institution’s federal financial composite score as described in 34 C.F.R. § 668.172; b. Any correspondence issued in the past twenty-four (24) months from the Office of Federal Student Aid of the USDOE concerning eligibility for financial aid; including, but not limited to, financial ratios, a letter of credit alternative, or a provisional certification alternative as well as any related correspondence from the institution; and c. The most recently calculated three-year (3) official cohort default rate from the Office of Federal Student Aid of the USDOE.
<input type="checkbox"/>	<p>9. PROGRAM REVIEWS AND AUDITS – If the institution answered “yes” to the question under the Program Reviews and Audits section of the application, attach a hard-copy of the review or audit.</p>
<input type="checkbox"/>	<p>10. RESEARCH DATA AND FUNDING SOURCES – Complete the Excel spreadsheet provided to your institution as an attachment to the email containing this application and submit it on a USB drive. Additionally, provide on a hard-copy document, a list of any private loan sources that are utilized by your institution (e.g., Tuition Options or Sallie Mae) and include the name, address, and phone number of a contact at each lender.</p>
<input type="checkbox"/>	<p>11. COMPREHENSIVE PROGRAM LIST – Provide information for each program offered using the prepopulated Excel spreadsheet provided to your institution as an attachment to the email containing this application and submit the spreadsheet on a USB drive. Instructions for completing the spreadsheet are also attached to the email.</p>
<input type="checkbox"/>	<p>12. STUDENT LEVEL STATISTICAL DATA – Provide information for each student, their program of study, and outcomes using the prepopulated or blank Excel spreadsheet provided to your institution as an attachment to the email containing this application and submit it on a USB drive. Instructions for completing the spreadsheet are also attached to the email.</p>
<input type="checkbox"/>	<p>13. REPORT OF ANY ILLEGAL OR UNETHICAL CONDUCT – Provide a hard-copy report of any illegal or unethical conduct by employees, agents, contractors, or third-party service providers related to the delivery of educational programs and services to students with any corrective action and remedies taken by the institution.</p>
<input type="checkbox"/>	<p>14. ADMINISTRATIVE PERSONNEL AND FACULTY - Complete the Excel spreadsheet provided to your institution as an attachment to the email containing this application and submit it on a USB drive. Please indicate employment status as Active or Terminated and as Part-Time or Full-Time.</p>
<input type="checkbox"/>	<p>15. FACULTY AND ADMINISTRATIVE STAFF EVALUATION METHODOLOGY – Provide in a hard-copy document the full description of the faculty and administrative staff evaluation methodology that is utilized by the institution as referenced in Rule 1540-01-02-.16(7).</p>
<input type="checkbox"/>	<p>16. LICENSE OR AUTHORIZATION TO OPERATE IN HOME STATE – If the institution’s home state is a state other than Tennessee, provide a current hard-copy of the institution’s license or authorization to operate in the institution’s home state or proof of exemption. An institution’s home state is the state in which its main physical site is located. See Rule 1540-01-02-.06(2).</p>

<input type="checkbox"/>	<p>17. LICENSURE EXAM PASSAGE RATES - Complete the Excel spreadsheet provided to your institution as an attachment to the email containing this application and submit it on a USB drive. The spreadsheet shall be completed by institutions offering programs in fields that require a student to take an examination in order to be licensed or similarly recognized before the student can be employed in the field for which the training is intended. Institutions may submit a waiver request in lieu of the spreadsheet; however, the waiver request shall include documentation demonstrating that the examination provider or related state agency will not provide testing data to the institution. See Rule 1540-01-02-.08(4)(b) and (c).</p>
<input type="checkbox"/>	<p>18. PRE-ENROLLMENT CHECKLIST COMPLIANCE STATEMENT – Complete the attached Pre-Enrollment Checklist Compliance Statement and attach the original signed and notarized statement.</p>
<input type="checkbox"/>	<p>19. ENROLLMENT AGREEMENT COMPLIANCE STATEMENT – Complete the attached Enrollment Agreement Compliance Statement and attach the original signed and notarized statement.</p>
<input type="checkbox"/>	<p>20. TRANSFERABILITY OF CREDITS DISCLOSURE COMPLIANCE STATEMENT – Complete the attached Transferability of Credits Disclosure Compliance Statement and attach the original signed and notarized statement.</p>
<input type="checkbox"/>	<p>21. TRANSCRIPT/CERTIFICATE COMPLIANCE STATEMENT – Complete either the attached Transcript Compliance Statement or the Certificate of Completion Compliance Statement and attach the original signed and notarized statement. Note that institutions that maintain transcripts must complete the Transcript Compliance Statement. Institutions that do not maintain transcripts for Tennessee students because the institution offers a well-defined, short term program, such as bartending or truck driving, with no separation of courses by subject content must complete the Certificate of Completion Compliance Statement.</p>
<input type="checkbox"/>	<p>22. INSTITUTIONAL CATALOG/STUDENT HANDBOOK COMPLIANCE STATEMENT – Complete the attached Institutional Catalog/Student Handbook Compliance Statement and attach the original signed and notarized statement.</p>
<input type="checkbox"/>	<p>23. WEBSITE COMPLIANCE STATEMENT – Complete the Website Compliance Statement and attach the original signed and notarized statement. If your institution does not have a website, respond by indicating that this appendix is not applicable because your institution does not have a website.</p>
<input type="checkbox"/>	<p>24. FINANCIAL STATEMENTS AND DISCLOSURES – If your institution provided financials under Attachment 8(a), you do not have to submit anything under this Attachment. Otherwise, institutions must file hard-copies of financial statements for the most recently completed fiscal year as follows:</p> <ol style="list-style-type: none"> a. Institutions with annual gross tuition revenue at the authorized location of one million dollars (\$1,000,000) or more shall submit audited financial statements prepared in accordance with the Generally Accepted Accounting Principles by an independent certified public accountant. b. Institutions with annual gross tuition revenue at the authorized location of less than one million dollars (\$1,000,000) but more than one hundred thousand dollars (\$100,000) shall submit a reviewed balance sheet and income statement prepared in accordance with the Generally Accepted Accounting Principles by an independent certified public accountant. c. Institutions with annual gross tuition revenue at the authorized location of one hundred thousand dollars (\$100,000) or less shall submit a balance sheet and income statement using forms prepared by Commission Staff as long as those forms are completed by an independent certified public accountant or a bookkeeper certified by the National Association of Certified Public Bookkeepers. If your institution will use this option, please download the forms and instructions at http://www.tn.gov/thec/article/postsecondary-links. d. As an alternative to subparagraphs (5)(a) through (c) of this rule, institutions owned by the same parent company may submit an audited consolidated corporate financial statement. The audited consolidated statement shall be prepared in accordance with the Generally Accepted Accounting Principles by an independent certified public accountant. Commission Staff, the Committee, or the Commission may request additional campus or institution-specific information where needed to better understand the financial stability of a single authorized location or to protect the public interest.
<input type="checkbox"/>	<p>25. EVIDENCE OF A BUSINESS ACCOUNT – Provide evidence of an institutional business account in the institution's name with a financial institution that is federally insured. Sufficient evidence includes a canceled check, verification from bank, or bank statement.</p>

<input type="checkbox"/>	<p>26. INSTITUTIONAL BOND - Pursuant to Tenn. Code Ann. § 49-7-2013(a), in-state institutions, institutions providing primarily religious instruction, or institutions not organized as private postsecondary educational institutions must secure surety bonds in the amount of \$10,000. Any out-of-state institution that does not fall into one of the above categories must secure a surety bond in the amount of \$20,000. Please submit documentation evidencing that your bond has been renewed and is current. This documentation must be in the form of a verification certificate or continuation certificate from the bond company indicating the bond number and the dates through which the premium has been paid. DPSA will not accept a bill or invoice from the bond company or a copy of a check written to the bond company as proof that the premium has been paid. Alternatively, your institution may obtain a new institution bond. In that case, the <u>original</u> bond, signed and notarized by all parties, must be provided.</p>
<input type="checkbox"/>	<p>27. AGENT BOND - Pursuant to Tenn. Code Ann. § 49-7-2013(b), any out-of-state institution with agents must secure a surety bond in the amount of \$5,000 per agent. If applicable, please submit documentation evidencing that your bond has been renewed and is current. This documentation must be in the form of a verification certificate or continuation certificate from the bond company indicating the bond number and the dates through which the premium has been paid. DPSA will not accept a bill or invoice from the bond company or a copy of a check written to the bond company as proof that the premium has been paid. Alternatively, your institution may obtain a new agent bond. In that case, the <u>original</u> bond, signed and notarized by all parties, must be mailed to my attention at the address below.</p>

AFFIRMATION OF INSTITUTIONAL DIRECTOR

I affirm the following are true:

- I am the Institutional Director of the institution listed on page 1 of this application.
- I have completed or reviewed this application in its entirety.
- I have read and understand the Tennessee Higher Education Authorization Act of 2016, Tenn. Code Ann. §§ 49-7-2001, *et seq.*
- I have read and understand the Rules of the Tennessee Higher Education Commission, Chapter 1540-01-02.
- The information submit with this application is complete and accurate.

Signature:	
Print Name:	
Title:	
Date:	

NOTARY

I certify that the above individual appeared before me and signed this Affirmation of the Institutional Director:

Sworn and subscribed before me on this, the _____ day of _____, 20_____

_____	_____
Notary Signature	Date Commission Expires

SEND YOUR COMPLETED APPLICATION PACKAGE TO:

via standard mail:

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

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

DIRECTOR'S STATEMENT OF INTENT

I, (print name) _____, certify that the information included in this application and the accompanying attachments are true and correct to the best of my knowledge. I have been given the authority to act as the primary administrative officer of the institution with the acknowledged responsibility to ensure that this postsecondary educational institution is conducted operationally and educationally in accordance with Tennessee statutes and the rules of the Tennessee Higher Education Commission. I further understand that it is my responsibility to ensure that all actions, disclosures and public representations by employees or third party contractors are in compliance with Tennessee state law. I further understand that it is my responsibility to ensure that the Commission is informed of any significant changes that might alter the basis for authorization. I affirm that 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.

I verify that, to the best of my knowledge, no principal party involved in the applying institution has ever been associated as a principle party, owner, or administrator in any postsecondary educational institution which ceased operation with a resulting loss of time or money for enrollees; been found guilty or pled guilty to a felony, any crime involving moral turpitude or a violation of any law excluding minor traffic violations; been found mentally incompetent; or had any sanctions against them from any state or governmental agencies.

DO NOT SIGN WITHOUT READING THE STATEMENT ABOVE.

IF THE DIRECTOR IS ALSO THE OWNER, HE/SHE MUST COMPLETE BOTH THE DIRECTOR'S AND OWNER'S STATEMENTS.

(Signature of Institutional Director)

(Date)

NOTARY

I certify that the above individual appeared before me and signed this Director's Statement of Intent:

Sworn and subscribed before me on this, the _____ day of _____, 20_____

Notary Signature

Date Commission Expires

OWNER'S STATEMENT OF INTENT

I, (print name) _____, certify that the Institutional Director listed in this application has been given the authority to act as the primary administrator at this institution and, to the best of my knowledge, no principal party involved in the applying institution has ever been associated as a principal party, owner, or administrator in any postsecondary educational institution which ceased operation with a resulting loss of time or money for enrollees; been found guilty or pled guilty to a felony, any crime involving moral turpitude or a violation of any law excluding minor traffic violations; been found mentally incompetent; or had any sanctions against them from any state or government agencies. I further understand that it is my responsibility to ensure that the Commission is informed of any significant changes that might alter the basis for authorization.

DO NOT SIGN WITHOUT READING THE STATEMENT ABOVE.

IF THE DIRECTOR IS ALSO THE OWNER, HE/SHE MUST COMPLETE BOTH THE DIRECTOR'S AND OWNER'S STATEMENTS.

(Signature of Owner, Chairman of the Board or Corporate President)

(Date)

(Title)

NOTARY

I certify that the above individual appeared before me and signed this Owner's Statement of Intent:

Sworn and subscribed before me on this, the _____ day of _____ 20_____

Notary Signature

Date Commission Expires

NOTE: If a partnership, all partners must sign. If a corporation, the president or chairman of the board of directors must sign.

PRE-ENROLLMENT CHECKLIST COMPLIANCE STATEMENT

I, (print name) _____

verify that the following **PRE-ENROLLMENT CHECKLIST** statement appear in a Pre-Enrollment Checklist given to Tennessee students* as required by Rule 1540-01-02-.13(1):

- If applicable, toured the institution (not applicable to institutions that deliver all instruction through distance learning);
- received an institution catalog and if provided electronically understands that the student may request a hard-copy of the catalog at any time;
- was given the time and opportunity to review the institutional policies in the catalog;
- knows the length of the program for full-time and part-time students in academic terms and actual calendar time;
- has been informed of the total tuition and other fees of the program;
- has been informed of the estimated cost of books and any required equipment purchases such as a computer, specialized tools, or art supplies;
- has been given a copy of the institution refund policy;
- has executed a Transfer of Credit Disclosure Statement in compliance with T.C.A. § 49-7-144 and understands the specific limitations should the institution have articulation agreements;
- has been given the address and telephone number of Commission Staff along with a statement that reads: "Any person claiming damage or loss as a result of any act or practice by this institution that is a violation of the Title 49, Chapter 7, Part 20 or Rule Chapter 1520-01-02 may file a complaint with the Tennessee Higher Education Commission, Division of Postsecondary State Authorization."; and
- has received the most recent withdrawal, completion, and placement data as calculated by the Commission in one of the ways described in Rule 1540-01-02-.13(1)(j); and
- if applicable, has received and understands the institution's cash discount policy.

Additionally, I affirm that the document clearly indicates that it is the Pre-Enrollment Checklist, is paginated pursuant to Rule 1540-01-02-.13(1), and includes the full and correct name and address of the authorized location of the institution. I understand that if DSPA determines in the future that the Pre-Enrollment Checklist is not compliant as described herein, my institution will be subject to adverse action pursuant to Rule 1540-01-02-.22.

DO NOT SIGN WITHOUT READING THE LANGUAGE ABOVE.

(Signature of the Institutional Director or Corporate Representative)

(Date)

(Title)

NOTARY

I certify that the above individual appeared before me and signed this Pre-Enrollment Checklist Compliance Statement.

(Name of Educational Institution)

Sworn and subscribed before me on this, the _____ day of _____, 20____

Notary Signature

Date Commission Expires

*Tennessee students include all students residing in Tennessee, Tennesseans recruited by out-of-state institutions, and students attending a Tennessee instructional site either via distance education or in-person.

ENROLLMENT AGREEMENT COMPLIANCE STATEMENT

I, (print name) _____

verify that the **ENROLLMENT AGREEMENT** given to Tennessee students* contains the following items as required by Rule 1540-01-02-.13(2):

- the full and correct name and address of the authorized location of the institution;
- the name, address, and social security number or unique student identification number of the student;
- the date training is to begin and program length;
- if students have the option to attend part-time, full-time or part-time status of the student;
- the projected date of completion;
- the program name as approved by the Commission;
- the total cost of the program, including itemized costs for tuition and the approximate costs for other fees;
- cancellation and refund policy;
- verification that by signing the agreement the student understands the student's right to receive an exact signed copy of the agreement,
- verification that by signing the agreement the institution understands its obligation to immediately provide the student an exact signed copy of the agreement;
- a guarantee of tuition cost for twelve hundred (1200) contact hours or twelve (12) months from the time of enrollment; programs less than twelve hundred (1200) contact hours must have a set total tuition; and
- the following statement: "The (name of institution) is authorized by the Tennessee Higher Education Commission. This authorization must be renewed each year and is based on an evaluation of minimum standards concerning quality of education, ethical business practices, and fiscal responsibility."

Additionally, I affirm that the document clearly indicates that it is the Enrollment Agreement and is paginated pursuant to Rule 1540-01-02-.13(2). I understand that if DSPA determines in the future that the Enrollment Agreement/Contract is not compliant as described herein, my institution will be subject to adverse action pursuant to Rule 1540-01-02-.22.

DO NOT SIGN WITHOUT READING THE LANGUAGE ABOVE.

(Signature of the Institutional Director or Corporate Representative)

(Date)

(Title)

NOTARY

I certify that the above individual appeared before me and signed this Enrollment Agreement Compliance Statement.

(Name of Educational Institution)

Sworn and subscribed before me on this, the _____ day of _____, 20____

Notary Signature

Date Commission Expires

*Tennessee students include all students residing in Tennessee, Tennesseans recruited by out-of-state institutions, and students attending a Tennessee instructional site either via distance education or in-person.

TRANSFERABILITY OF CREDIT DISCLOSURE COMPLIANCE STATEMENT

I, (print name) _____

verify that my institution complies with Tenn. Code Ann. § 49-7-144 and Rule 1540-01-02-.13(3) by having prospective Tennessee students* initial and date** a disclosure prior to signing the pre-enrollment checklist and the enrollment agreement and that the disclosure:

- is on a stand-alone document containing no other disclosures;
- is printed in a type not less than sixteen (16) point font; and
- contains the exact language in § 49-7-144(b)(20) except that institutions offering contact hours only may substitute the word contact for credit.

I understand that if DSPA determines in the future that the Transferability of Credit Disclosure is not compliant as described herein, my institution will be subject to adverse action pursuant to Rule 1540-01-02-.22.

DO NOT SIGN WITHOUT READING THE LANGUAGE ABOVE.

(Signature of the Institutional Director or Corporate Representative) (Date)

(Title)

NOTARY

I certify that the above individual appeared before me and signed this Transferability of Credit Disclosure Compliance Statement.

(Name of Educational Institution)

Sworn and subscribed before me on this, the _____ day of _____, 20_____

Notary Signature Date Commission Expires

*Tennessee students include all students residing in Tennessee, Tennessee residents recruited by out-of-state institutions, and students attending a Tennessee instructional site either via distance education or in-person.

** DSPA suggests the disclosure contain lines for a student's initials and the date.

TRANSCRIPT COMPLIANCE STATEMENT

I, (print name) _____,

verify that all **TRANSCRIPTS** maintained for Tennessee students* contain the following items as required by Rule 1540-01-02-.15(6)(e):

- complete name and address of the institution;
- full name of student;
- last four digits of the student's social security number;
- program name as approved by the Commission;
- status of student, for example, active; withdrawal; probation; leave of absence; graduate;
- an official date recorded for all student withdrawals and graduations;
- beginning date or academic term with the year for each course attempted;
- as applicable to the type of school, credit hours earned or contact hours completed;
- name of each course and, if any, the course number as listed in the institution catalog along with the corresponding grade received;
- indication of credits given by transfer from another institution or credit by exam;
- cumulative Grade Point Average (GPA);
- date the transcript was last updated and/or printed; and
- the signature of an institutional official.

Additionally, I affirm that the institution shall maintain all transcripts for the life of the institution. I understand that if DSPA determines in the future that the Transcripts maintained for Tennessee students are not compliant as described herein, my institution will be subject to adverse action pursuant to Rule 1540-01-02-.22.

DO NOT SIGN WITHOUT READING THE LANGUAGE ABOVE.

(Signature of the Institutional Director or Corporate Representative)

(Date)

(Title)

NOTARY

I certify that the above individual appeared before me and signed this Transcript Compliance Statement.

(Name of Educational Institution)

Sworn and subscribed before me on this, _____ day of _____, 20____

Notary Signature

Date Commission Expires

*Tennessee students include all students residing in Tennessee, Tennessee residents recruited by out-of-state institutions, and students attending a Tennessee instructional site either via distance education or in-person.

CERTIFICATE OF COMPLETION COMPLIANCE STATEMENT

I, (print name) _____,

verify that my institution does not provide students with transcripts. Instead, pursuant to Rule 1540-01-02-.15(8), my institution provides students with certificates of completion in lieu of transcripts, because my institution offers well-defined short term programs with no separation of courses by subject content.

I further verify that all **CERTIFICATES** maintained for Tennessee students* contain the following items as required by Rule 1540-01-02-.15(8)(b):

- complete name and address of the institution;
- full name of student
- program or department of enrollment
- the certificate award date; and
- the signature of an institution official.

I understand that if DSPA determines in the future that my programs are not well-defined short term programs with no separation of courses by subject content, then my institution will be required to provide transcripts to students. Additionally, I affirm that the institution shall maintain all Certificates of Completion for the life of the institution. I understand that if DSPA determines in the future that the Certificates of Completion maintained for Tennessee students are not compliant as described herein, my institution will be subject to adverse action pursuant to Rule 1540-01-02-.22.

DO NOT SIGN WITHOUT READING THE LANGUAGE ABOVE.

(Signature of the Institutional Director or Corporate Representative) (Date)

(Title)

NOTARY

I certify that the above individual appeared before me and signed this Certificate of Completion Compliance Statement.

(Name of Educational Institution)

Sworn and subscribed before me on this, the _____ day of _____, 20_____

Notary Signature Date Commission Expires

*Tennessee students include all students residing in Tennessee, Tennessee residents recruited by out-of-state institutions, and students attending a Tennessee instructional site either via distance education or in-person.

INSTITUTIONAL CATALOG COMPLIANCE STATEMENT

I, (print name) _____,

verify that the **INSTITUTIONAL CATALOG** given to Tennessee students* contains the following items as required by Rules 1540-01-02-.11:

- Name and address of institution
- Identifying data, such as catalog number and/or publication date
- Table of contents
- Names of owners and officers, including any governing boards
- Institutional calendar, including holidays, enrollment periods, and the beginning and ending dates of terms, courses, or programs
- Institutional enrollment procedures and entrance requirements, including late enrollment, if permitted
- Institutional attendance policy, including minimum attendance requirements, how attendance will be determined, the circumstances under which a student will be interrupted for unsatisfactory attendance, and the conditions under which a student may be readmitted
- Institutional policy covering satisfactory progress, including an explanation of any grading system used, a description of any probation policy, and a description of the institutional system for making progress reports to students
- Institutional policy regarding student conduct, including causes for dismissal and conditions for readmission
- Description of each program offered including objectives, costs, length, program components or course requirements, or in the case of correspondence instruction, the number of lessons
- Description of the placement assistance available and if none, so state
- Description of the facilities and equipment used for educational programs
- Policy concerning credit granted for previous education, training, and experience and if none, so state
- Refund and cancellation policy, including the procedure for determining the official date of termination, the time within which a refund will be provided, and how a refund must be requested
- Statement provided within the first four (4) pages of the catalog which reads as follows: "The (name of institution) is authorized by the Tennessee Higher Education Commission. This authorization must be renewed each year and is based on an evaluation of minimum standards concerning the quality of education, ethical business practices, and fiscal responsibility."
- Description of the student grievance procedure, including the title, address, and telephone number of the institutional employee designated to receive students complaints, the process for escalating or appealing a complaint (if applicable), the process for nonbinding mediation or voluntary arbitrary (if applicable), the address and telephone number of Commission Staff along with a statement that reads: "[a]ny person claiming damage or loss as a result of any act or practice by this institution that may be a violation of the Title 49, Chapter 7, Part 20 or Rule Chapter 1540-01-02 may file a complaint with the Tennessee Higher Education Commission, Division of Postsecondary State Authorization."
- Disclosure regarding the ability to transfer credit earned to another institution, with language sufficient to describe limitations on the transfer of credit. Suggested language is as follows:

"(Name of institution) is a special purpose institution. That purpose is (institution's mission statement). Students should be aware that transfer of credit is always the responsibility of the receiving institution. Whether or not credits transfer is solely up to the receiving institution. Any student interested in transferring credit hours should check with the receiving institution directly to determine to what extent, if any, credit hours can be transferred."

- Cash discount policy, if offered
- ATB testing policies, if any, along with the admissions policies

I understand that if DSPA determines in the future that the Institutional Catalog is not compliant as described herein, my institution will be subject to adverse action pursuant to Rule 1540-01-02-.22.

DO NOT SIGN WITHOUT READING THE LANGUAGE ABOVE.

(Signature of the Institutional Director or Corporate Representative)

(Date)

(Title)

NOTARY

I certify that the above individual appeared before me and signed this Institutional Catalog Compliance Statement.

(Name of Educational Institution)

Sworn and subscribed before me on this, the _____ day of _____, 20_____

Notary Signature

Date Commission Expires

*Tennessee students include all students residing in Tennessee, Tennessee residents recruited by out-of-state institutions, and students attending a Tennessee instructional site either via distance education or in-person.

WEBSITE COMPLIANCE STATEMENT

I, (print name) _____,

verify that the **WEBSITE** listed on page 1 of the Application contains the following items as required by T.C.A. §§ 49-7-2019 and 49-7-144 and Rule 1540-01-02-.20(4):

1. the total cost of tuition for each approved program;
2. the transferability of disclosure statement written in Tenn. Code Ann. § 49-7-144(b)(2);
3. on the institution's home page or Tennessee specific webpage, the statement: "[Name of School] is authorized for operation as a postsecondary educational institution by the Tennessee Higher Education Commission" and the entire statement is in the same size font and print and the reference to the Tennessee Higher Education Commission is a hyperlink to www.tn.gov/THEC; and
4. on the institution's home page or Tennessee specific webpage, the statement: "In order to view detailed job placement and graduation information on the programs offered by [Name of Institution], please visit <http://www.tn.gov/thec/topic/authorized-institutions-data>."

I understand that if DSPA determines in the future that the website is not compliant as described herein, my institution will be subject to adverse action pursuant to Rule 1540-01-02-.22.

DO NOT SIGN WITHOUT READING THE LANGUAGE ABOVE.

(Signature of the Institutional Director or Corporate Representative)

(Date)

(Title)

NOTARY

I certify that the above individual appeared before me and signed this Website Compliance Statement.

(Name of Educational Institution)

Sworn and subscribed before me on this, the _____ day of _____, 20____

Notary Signature

Date Commission Expires