

INSTITUTIONAL REVIEW COVER SHEET

Submit as a cover page for responses

Name of School: _____ School Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

***** *The data submitted are certified correct to the best of my knowledge and belief.*

Contact Name: _____ Title: _____

Telephone Number: _____ Email Address: _____

Signature: _____ Date: _____

The information provided is for the following response type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Agency Notice | <input type="checkbox"/> Cohort Default Rate |
| <input type="checkbox"/> Progress Reporting | <input type="checkbox"/> Complaint | <input type="checkbox"/> Employment Verification |
| <input type="checkbox"/> Financial Reporting | <input type="checkbox"/> Significant Growth | <input type="checkbox"/> Other: _____ |

***** **If the submission is for more than one affiliated institution, please ensure that the submission is uploaded for EACH applicable institution.**

Submit To: **Institutional Review & Development
Accrediting Commission of Career Schools and Colleges
2101 Wilson Boulevard, Suite 302
Arlington, VA 22201**