**This application must be submitted 60 days prior to the school’s change of location. Schools seeking to change location must obtain approval from the Commission prior to the date of the change of location (*Section IV (E)(4)(c), Rules of Process and Procedure, Standards of Accreditation*)*.***

**GUIDELINES FOR SUBMISSION - PLEASE REVEW PRIOR TO SUBMISSION:**

1. The school must ensure that the **Payment Submission Form** of this application is included and identifies the correct fee amount, check information, and indicates the correct and applicable school(s).

2. The school must provide a response and all appropriate supporting documentation to all items below. The Commission may not process the application and may require a new submission from the school if the application is found to be incomplete.

3. The completed application should not exceed **100 pages** total and should include only the required information. Do not provide copies of the school catalog or information that does not pertain to the items in this application.

4. Prior to final submission of this application, review the entire submission to ensure that all required information is provided, that all intended attachments are included, and that the submission is free of errors and typos.

**ELECTRONIC SUBMISSION FORMAT REQUIREMENTS:**

1. Electronic Submissions may not be transmitted to the Commission via e-mail.
2. The school’s response must be prepared in accordance with ACCSC’s [Instructions for Electronic Submission](http://www.accsc.org/UploadedDocuments/Instructions%20for%20Electronic%20Submission%204%201%202014%20web.docx) (e.g., prepared as one Portable Document Format (“PDF”) file that has been prepared using Adobe Acrobat software (version 8.0 or higher) and which has a .pdf extension as part of the file name). The school will receive an e-mail confirmation that the file has been received within 24 hours of the submission.
3. Please visit the ACCSC website for specific resources and guidance regarding how to successfully complete this application: [Forms and Reports](https://www.accsc.org/Forms-and-Reports/Forms-And-Reports.aspx)-Guidance/Sample Applications.ACCSC encourages the school to review this module prior to submitting this application.
4. Additionally, **do not copy and paste** answers from previous applications.

I have read and understand the Guidelines for Submission and the Electronic Document Format Requirements set forth above and I further understand that a failure to adhere to these guidelines and requirements will result in either a delay in the processing of or return of this application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
|  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **School #** | **current address**  *(Including school name, City, State, and Zip Code)* | **Type** | | **city, state** | **zip code** | **Degree Granting** | |
|  |  | Main: |  |  |  | Yes: |  |
| Branch: |  | No: |  |

|  |  |  |
| --- | --- | --- |
| **Contact Person** | **Phone** | **Email** |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Proposed New Address**  *(Including City, State, and Zip Code)* | **Within Same City Limits** | | **Distance from Current Location\***  *(in Miles)* | **Scheduled Last Date in Current Location**  *(month/day/year)* | **Scheduled Date Classes Resume in New Location** *(month/day/year)* |
|  | Yes: |  |  |  |  |
| No: |  |

**\*Please note that if the proposed new location is more than 25 miles from the current location, the Commission considers that to be a relocation (*Standards of Accreditation, Rules of Process and Procedures, Section IV (E)(4)(a)(ii)*) and per *ACCSC Standards of Accreditation, Rules of Process and Procedures, Section (C)(2)(b)(iii)*, a relocation is required to be reviewed and approved at the Commission level.**

|  |  |
| --- | --- |
| **Current Number of Students** | **Reason for the Change** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Does the Change of Location Affect the State License? If YES, please provide an explanation in the area provided.** | | |
|  | **YES** |  |
|  | **NO** |

**I certify that there will be no interruption of training and students have been notified of the planned change of location. Those students who inform the school of their intention to withdraw because of inconvenience will be refunded tuition in accordance with applicable refund requirements. If the school is changing or adding programs at the proposed new location or is changing its current mission or objectives, the school must submit the appropriate substantive change application. I certify that the information herein and attached hereto is correct and I understand that Commission approval is required prior to the change of location.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
|  |  |  |  |

**Application Processing Fee**

Please mail a check directly to ACCSC for processing and include a statement identifying the corresponding applications(s). **Note**: Please ensure that the **Payment Submission Form** for this application is included and identifies the corresponding application(s), fee amount, and check number.

* Processing Fee of $750 per application.

Please note that should an application be deemed incomplete, the school will receive a request for additional information via email. If upon review of the additional information, the application is still incomplete, the school will receive a deferral letter requesting additional information and the school will be assessed a **$150** application deferral fee for the submission of the additional information, which must be paid upon the submission of the additional information response.

**Required Supporting Documents**

1. Submit documentation verifying the distance between the current and proposed locations.
2. Submit documentation which demonstrates that the state has been **notified** of the proposed change of location. If the school requires Commission approval prior to state approval, please provide documentation demonstrating the school is currently recognized by the state.
3. A copy of the executed lease agreement or purchase agreement for the new location.
4. A sketch of the floor plan delineating classroom space or building plans for the proposed new location.
5. Provide a narrative demonstrating that substantially all operations of the school are being moved including the following areas:

* Programs
* Faculty
* Learning Resource Materials
* Administration
* Staff
* Equipment

1. If the school does not intend to move equipment, demonstrate that equivalent or improved equipment will be available at the new location.
2. Describe the impact of move on students and the school’s operations.
3. Explain in detail how the educational delivery will not be interrupted and that all students at the current location will complete their training either at the new location or through alternative accommodations.

**SUBMISSION REQUIREMENTS**

The school must upload this application directly to ACCSC’s College 360 Database. The ACCSC College 360 database can be accessed by [clicking here](https://college360.accsc.org/logon.aspx). Please note that the password utilized by the institution to access the Annual Report Portal is the same to access the School Submission section of the College 360 database. The Instructions for College 360 DMS Submissions can be found [here.](https://www.accsc.org/wp-content/uploads/2023/09/Instructions-for-Electronic-070115.pdf) A detailed overview on how to upload a school submission can be found [here.](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.accsc.org%2Fwp-content%2Fuploads%2F2023%2F09%2FSchool-Submission-Project-Full-Directions-v3.docx&wdOrigin=BROWSELINK)



**INSTITUTIONAL DEVELOPMENT**

**PAYMENT SUBMISSION FORM FOR APPLICATION SUBMISSIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL #(s)** | **SCHOOL NAME(s)** | **CITY** | **STATE** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **APPLICATION TYPE(s)** | **NAME OF PROGRAM(s)**  (*if applicable*) | **PAYMENT AMOUNT(s)**  (*Enter payment amount for each application type*) |
|  |  |  |

|  |  |
| --- | --- |
| **TOTAL PAYMENT AMOUNT** | **CHECK NUMBER** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CONTACT PERSON** | **TITLE** | **PHONE NUMBER** | **EMAIL** |
|  |  |  |  |

**\* Please submit a payment submission form with each check payment.**

**Submit To: Operations Department**

**Accrediting Commission of Career Schools and Colleges**

**2101 Wilson Boulevard, Suite 302**

**Arlington, VA 22201**