**To be submitted within 30 days after the school’s change of location (*Section IV (E)(4)(c)(iv), Process and Procedures, Standards of Accreditation). 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 #** | **School Name And current/new****street address** | **Type**  | **current/new** **City, State** | **current/new** **Zip Code** |
|  |  | Main: | [ ]  |  |  |
| Branch: | [ ]  |

|  |  |  |
| --- | --- | --- |
| **Previous****street address** | **Previous****City, State** | **Previous** **Zip Code** |
|  |  |  |
|

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

|  |
| --- |
| **Does the Information in the School’s Application for a Change of Location – Part I remain correct?** **If NO, please provide an explanation with attachments.**  |
| [ ]  | **YES** |  |
| [ ]  | **NO** |

|  |  |  |
| --- | --- | --- |
| **Date the School Ceased** **Operation to Move***(month/day/year)* | **Date the School Resumed Operation***(month/day/year)* | **Current Number of Students** |
|  |  |  |

**I certify that the information herein is correct and that the school has notified and received approval from all appropriate local, state and federal agencies regarding the change of location or relocation.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 $150 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 a copy of the school’s state license and/or approval letter displaying the new address.
2. Occupancy permit and other documentation of current compliance with local fire, safety and sanitation requirements for the expansion facility as required by appropriate regulatory authorities.

**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**