**To be submitted in any instance where a school proposes to offer a portion of a program(s) by distance education through a consortium/partnership agreement with one or more affiliated, accredited institutions.**

**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](https://www.accsc.org/wp-content/uploads/2023/09/Instructions-for-Electronic-070115.pdf) (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/)-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 certify that the information herein and attached hereto is correct and that this submission has not been described in the catalog, advertised, or offered to students.**

**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** |
|  |  |  |  |

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

**List all schools below that will participate in the agreement and that will share courses. Indicate the host institution(s) and the home institution(s) as applicable (The host institution(s) will be the provider of the online courses to the home institution(s)).**

**Note: Host institutions must have distance education in its scope of accreditation. Any school seeking approval of new distance education programs or alteration of programs or courses that represent a departure in the method of delivery from the programs or courses currently offered at the institution are required to complete the Application for Initial Distance Education Approval or Application for Expansion of Distance Education, as appropriate (*Section IV (E)(6)(a)(v)(1), Rules of Process and Procedure, Standards of Accreditation).***

**A school may not award more than 50% of the total number of clock or credit hours required in a program via a consortium, partnership, or contractual agreement (*Section II (A)(8)(b), Substantive Standards, Standards of Accreditation).***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School #** | **School Name** | **Type** | **City** | **State** | **host\* or home** |
|  |  | Main: | [ ]  |  |  | Choose an item. |
| Branch: | [ ]  |
|  |  | Main: | [ ]  |  |  | Choose an item. |
| Branch: | [ ]  |
|  |  | Main: | [ ]  |  |  | Choose an item. |
| Branch: | [ ]  |
|  |  | Main: | [ ]  |  |  | Choose an item. |
| Branch: | [ ]  |
|  |  | Main: | [ ]  |  |  | Choose an item. |
| Branch: | [ ]  |

\* Host institution offers the program/course to students at the Home institutions

|  |
| --- |
| **List Program Title, Credential, and Course(s) [[1]](#footnote-1)** |
| **Program Name (Credential)** | **Technical Course Title(s)** | **General Education Courses Title(s)** |
|  ***Business Administration (BS)*** | ***ECON101: Intro to Economics******MKT101: Intro to Marketing*** | ***N/A*** |
| ***General Education Courses (All Programs)*** | ***N/A*** | ***ENG101: English Composition******COMM101: Speech******Math101: College Algebra*** |
|  |  |  |
|  |  |  |
|  |  |  |

**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 $1,500 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 Documentation - Consortium Authorizations**

1. If the host institution is **not** an ACCSC accredited institution, provide documentation of the institution’s accredited status and its approval to offer programs and/or courses via distance education;
2. Describe the school’s (for each school, as applicable) educational administration structure that assures the proper oversight of the proposed consortium/partnership arrangement.
3. Submit a statement indicating that the home institution retains responsibility for the quality of the courses of study and programs offered, as well as the achievement of expected and acceptable outcomes, irrespective of any consortium, partnership, or contractual arrangement entered into with a third party in order to provide any portion of a program or course of study.
4. Provide a final copy of the consortium or partnership contract or agreement signed and dated by all applicable parties.
5. Provide documentation that the host institution is authorized, if required, to deliver distance education programs/courses to students in the states where the home institution(s) is/are located.

**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**

1. Programs and/or courses offered through this Distance Education Consortium must be approved and offered at both institutions, host and home. [↑](#footnote-ref-1)