**To be submitted no later than 30 days prior to the opening of the facility. The approval of a satellite location expires if the satellite is not operational within 12 months after the date of Commission approval of the Application for a Satellite. Once expired, a school must submit a new Application for a Satellite, to include the application processing fee (*Section IV (E)(5)(b)(vi), 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 certify that the information herein and attached hereto is correct. 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** | **Type** | | **City** | **State** |
|  |  | Main: |  |  |  |
| Branch: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Salutation (Ms., Mrs., Mr.)** | **Contact Person Name** | **Title/position** | **Phone** | **Email** |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Street Address of**  **Satellite Location** | **city, state** | **Zip Code** | **Telephone Number** | **Distance From Main School / Branch Campus**  *(in miles)* | **Proposed Start Date of Operation** *(month/day/year)* |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **PLEASE ANSWER THE FOLLOWING QUESTIONS** *(Select One)***:** | **Yes** | **No** |
| Is the ownership of the satellite location identical to that of the main school or branch campus (i.e., owned by the same corporation or person(s))? If not, explain fully in an attachment to this application. |  |  |
| Is the main school or branch campus subject to a Warning or Probation? A main school subject to a Show Cause Order or Probation **may not apply** for accreditation or recognition of any type of separate facility. |  |  |
| Is the main school or branch campus subject to reporting issues related to financial soundness, student achievement or adequacy of management? If yes, the school is required to seek and receive approval from the Commission in advance of submitting an application for a separate facility. Please submit a **Request to Show Good Cause** prior to submitting the satellite application. |  |  |
| Has the main school or branch campus received approval for a satellite location within the last 12 months? If yes, the school is required to seek and receive approval from the Commission in advance of submitting an application for a separate facility. Please submit a **Request to Show Good Cause** prior to submitting the satellite application. |  |  |

**Application 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**, 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. Documentation of compliance with the state or appropriate regulatory agency for the addition of the proposed satellite location.
2. Documentation of compliance with local fire, safety, and sanitation standards as required by appropriate regulatory authorities (e.g., occupancy permit, business license, or other documentation demonstrating safety of the building).
3. A copy of the executed lease agreement or purchase agreement accompanied by a sketch of the floor plan or building plan for the satellite location.
4. Explain the reason or basis for the establishment of the proposed satellite location, as well as a description of the intended use of the facility.
5. How does the main school/branch campus allocate budget resources for the establishment of the proposed satellite location in such areas as staff and faculty salaries, staff and faculty development, educational materials, learning resource materials, supplies/equipment, and advertising? Submit a copy of the proposed budget for the satellite location.
6. Describe the specific facilities to be used for the proposed satellite location.
7. How does the proposed satellite location accommodate the offering of those programs to be offered?
8. Provide a detailed description of how the main school/branch campus assesses and evaluates the satellite location’s operations and incorporates the on-going assessment and improvement activities into its institutional assessment and improvement activities.
9. Explanation of management, control and supervision for the satellite location by its oversight school or entity.
10. Explanation of the reasonableness of the commuting distance between the satellite location and its oversight school or entity. Also, submit documentation to demonstrate the distance between the satellite location and its oversight school or entity.
11. Completed Program Chart and percentage of each program offered at the satellite location. Page one of the Program Chart must include all programs to be offered at the satellite location, and page two must include the portions of each program offered at the main school or branch campus.
12. A description of access to student services available to students attending programs offered at the satellite location.
13. A description of recruiting activities conducted at the satellite location.
14. A description of how the affiliation of the satellite location to the main school/branch school is identified in all institutional publications and advertising *(Section VIII (D)(3), Substantive Standards, Standards of Accreditation)*.

**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**