



CHANGE OF LOCATION APPLICATION

Fee: \$300.00

ACICS ID

Code: _____

Institution: _____

Old Address: _____

City, State, Zip: _____

Telephone number: _____ Facsimile number: _____

New Address: _____

City, State, Zip: _____

Telephone number: _____ Facsimile number: _____

Does this change of location also apply to your corporate office? Yes No

Effective Date of Move: _____ Exact Distance Moved: _____

Is the new location in the same trade area? If NO, explain: Yes No

Has the appropriate state agency been notified? If YES, attach a copy of the approval. If NO, explain: Yes No

Will educational activities continue at the old location? If YES, explain: Yes No

On a separate sheet of paper please justify in narrative form, the reasons for the change of location including the effect this will have on current students, administrative staff, and faculty. If the change of location is beyond the current market area or involves the teaching out of the currently enrolled students, please provide an explanation of what provisions have been made for teaching out the currently enrolled students and the plans for the disposition and servicing of all student records.

Following a review of the above, the Council may determine that the relocation warrants the submission of a self-study and a subsequent on-site evaluation. Please refer to Section 2-2-602 of the *Accreditation Criteria* for additional information.

I hereby certify that the institution will continue to operate in accordance with the applicable standards of the Accrediting Council for Independent Colleges and Schools and that the change of location will not materially affect the thrust or the offerings of the institution.

Signed: _____ Date: _____

Name _____ Title: _____

(type): _____ Chief On-Site Administrator

E-mail: _____