

ACCSC ADDITIONAL INFORMATION COVER SHEET

Submit as a cover page with an additional information response

The school must upload the requested additional information directly to ACCSC's College 360 Database. To submit the response electronically, access the ACCSC College 360 database by [clicking here](#). 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 following are the instructions for submission:

- Once logged into the **Annual Report Portal**, select “**DMS**” (Document Management System) from the menu bar;
- Select the “**School Submission**” folder;
- Upon selecting the folder, form and upload options will be visible;
- Complete the form with the correct contact information and indicate the submission is an “**Institutional Response**”;
- Once the form is complete, select the “**Browse**” button and find and select the file to be uploaded; and
- Finally click “**Add**” to upload the file into the DMS.
- **If the submission is for more than one affiliated institution, please ensure that the submission is uploaded for EACH applicable institution.**

The school's response must be prepared in accordance with ACCSC's [Instructions for Electronic Submission](#) (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.

The additional information provided is for the following Application Type:

- Degree Related Unrelated *Program Title(s) and Credential:* _____
- Non-Degree Related Unrelated *Program Title(s) and Credential:* _____
- Initial Distance Education Expansion of Distance Education *Program Title(s):* _____
- Non-substantive Modification Substantive Modification *Program Title(s):* _____
- Branch Part I Branch Part II
- Change of Location Relocation
- Change of Name Part I Change of Name Part II
- Change of Ownership Part I Change of Ownership Part II
- Satellite Location Facility Expansion
- Continuing Education/Avocational Courses
- OTHER: Please Identify: _____

Name of School: _____ School Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Email Address: _____