



Accrediting Commission of Career Schools and Colleges

2101 Wilson Boulevard, Suite 302  
Arlington, Virginia 22201  
703.247.4212  
703.247.4533 fax  
[www.accsc.org](http://www.accsc.org)

# INSTITUTIONAL REVIEW COVER SHEET

*Submit as a cover page for responses*

Name of School: \_\_\_\_\_ School Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**\* The data submitted are certified correct to the best of my knowledge and belief.**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The information provided is for the following response type:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Annual Report       | <input type="checkbox"/> Agency Notice      | <input type="checkbox"/> Cohort Default Rate     |
| <input type="checkbox"/> Progress Reporting  | <input type="checkbox"/> Complaint          | <input type="checkbox"/> Employment Verification |
| <input type="checkbox"/> Financial Reporting | <input type="checkbox"/> Significant Growth | <input type="checkbox"/> Other: _____            |

**\* If the submission is for more than one affiliated institution, please ensure that the submission is uploaded for EACH applicable institution.**

**Submit To: Institutional Review & Development  
Accrediting Commission of Career Schools and Colleges  
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