**To be submitted by the main school for the realignment branch campus. Please Note: The school must submit an Application for a Branch Realignment-Part II for EACH proposed realigned campus.**

***An accredited main school seeking to realign one or more currently approved branch campuses under that accredited main school must submit the Application for a Branch Realignment-Part I and the Application for a Branch Realignment-Part II with all required supporting documentation.***

***Approval of the realigned branch campus(es) will be granted only after the main school under which the branches are realigning with has appropriately demonstrated its ability to manage the branch campuses in compliance with accrediting standards and all required information is submitted. Any branch campus may not be realigned more than once in a 24 month period.***

**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 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.**

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| --- | --- | --- | --- |
|  **Name** | **Signature** | **Title** | **Date** |
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| --- | --- | --- | --- | --- | --- |
| **Branch School #** | **School Name** | **Street Address** | **City**  | **State** | **Zip Code** |
|  |  |  |  |  |  |

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| --- | --- | --- |
| **Current On-site Director** | **Phone** | **Email** |
|  |  |  |

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

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| --- | --- |
| **Please complete the following information for the MAIN school:** |  |
| **Main School #** | **School Name** | **Street Address** | **City**  | **State** | **Zip Code** |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Current On-site Director** | **Phone** | **Email** |
|  |  |  |

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

**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 $2,000 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.

**Attestations**

**This realignment application is submitted by the chief executive officer of the branch and that official hereby attests to the following:**

1. The branch is a postsecondary institution with trade, occupational or technical education objectives.

2. The branch is currently accredited by the Commission, recognizing that such accreditation may not be specifically required for state licensure, eligibility for government funding, or other purposes external to the Accrediting Commission of Career Schools and Colleges.

3. Main school and branch officials have reviewed the ACCSC *Rules of Process and Procedure and Substantive Standards* in the *Standards of Accreditation*.

4. Main school and branch officials fully accept and support that accreditation is a voluntary, non-governmental process involving peer review and requires a necessary degree of confidentiality in decision-making and record-keeping.

5. Main school and branch officials understand that, in applying for accreditation, the branch:

* Voluntarily submits itself to a periodic review and a reasoned judgment by the Commission as to the school's qualifications;
* Has every opportunity, as part of the accrediting process, to present itself in its best light and to respond to any concerns;
* Assumes an obligation to be forthcoming, complete, and accurate in presenting information to, and answering questions of the Commission;
* Acknowledges that the Commission’s grant of initial accreditation to the proposed branch is dependent on the main school’s assurance that the branch facility is established, faculty and staff are procured, on-site learning resource materials are in place, and that the proposed branch has identified its Program Advisory Committee(s) members;
* An exercise the right to appeal a decision to deny or withdraw accreditation by the Commission, thereby assuring an independent review; and
* Voluntarily accepts responsibility to comply with the ACCSC *Standards of Accreditation*.
1. The main school and branch will not make any promotional use of this application for accreditation prior to the Commission’s grant of initial recognition or accreditation to the proposed branch.

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| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
|  |  |  |  |

**Disclosures**

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| --- |
| Has any new owner, board member, or manager been directly or indirectly employed or affiliated with any school which has lost or been denied accreditation by any accrediting agency during that individual’s period of employment or affiliation? |
| [ ]  | **Yes**Attach a statement to this application which details the facts and circumstances surrounding that school’s loss or denial of accreditation. |
| [ ]   | **No** |

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| Has any new owner, board member, or manager been directly or indirectly employed or affiliated with any school that has closed or entered into bankruptcy? |
| [ ]  | **Yes**Attach a statement to this application which details the facts and circumstances surrounding that school’s loss or denial of accreditation. |
| [ ]   | **No** |

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| Is any action pending (e.g., court action, audit, inquiry, review, administrative action), or has action been taken, by any court or administrative body (e.g., federal or state court, grand jury, special investigator, U.S. Department of Education, or any state agency), as to any owner or manager, or any school with which an owner or manager has been directly or indirectly employed or affiliated, in a civil or criminal forum or proceeding that is not otherwise disclosed in this application? |
| [ ]  | **Yes**Attach a statement to this application which gives full disclosure of the persons and matters involved. Include a statement of the facts and circumstances surrounding the action, identifying the owner or manager and the school which is involved. If the matter is not yet final, please describe the procedural status of the matter (i.e., still under investigation, preliminary decision under appeal, etc.) and the position taken by the applicant, owner, manager or school involved. If the matter is final, provide a copy of the final action documentation. |
| [ ]   | **No** |

**Certification**

A school seeking or holding accreditation from more than one accrediting agency recognized by the U.S. Department of Education must consistently describe itself in identical terms to each accrediting agency with regard to identity (i.e., main school or branch), purpose, governance, programs, degrees, diplomas, certificates, personnel, finances, constituents served, and must keep each accrediting agency apprised of any change in its status with one or another accrediting body.

I grant permission for the Commission to contact the appropriate state agencies, the state and U.S. Department of Education, other accrediting agencies, or any other organizations appropriate for review of this application.

**I certify that the information herein and attached hereto is correct.**

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| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
|  |  |  |  |

**Required Documentation for Realigning a Branch Campus:**

A. Justification to Support Branch Realignment

1. Copy of the branch’s current state(s) license(s) or approval(s) which provide authority to operate.
2. Completed Program Charts for the branch campus.
3. An organizational chart showing all staff members who are responsible for the branch’s administration.
4. List all administrative staff for the branch campus utilizing the chart located below. At a minimum, include the **School Director, Director of Admissions and Director of Education**.

|  |  |
| --- | --- |
| **School Name:**  | **School Number:** |
| **ADMINISTRATIVE PERSONNEL**  |
| **Staff Name** | **Position** | **Degree/ Credential Earned** *(Year)* | **Description of Work Experience and/or Training for the Position** | **From** *(m/y)* | **TO (***m/y)* |
| . | School Director |  |  |  |  |
|  | Director of Admissions |  |  |  |  |
|  | Director of Education |  |  |  |  |

1. Provide a draft catalog that clearly discloses and defines the relationship between a branch campus and its main school. All advertising and publications (e.g. catalog, enrollment agreement, recruiting, literature, public notices, etc.) must identify the relationship between a satellite location and its branch campus or main school oversight entity (*Section VIII D (2), Substantive Standards, Standards of Accreditation*).
2. A copy of the draft Enrollment Agreement that includes, at a minimum all required items listed on the ACCSC Enrollment Agreement Checklist (*Section IV (C)(2)(a), Substantive Standards, Standards of Accreditation*).

**SUBMIT TO: Executive Director**

 **Accrediting Commission of Career Schools and Colleges**

 **2101 Wilson Boulevard / Suite 302**

 **Arlington, Virginia 22201**

**INSTITUTIONAL DEVELOPMENT: PAYMENT SUBMISSION FORM FOR APPLICATION SUBMISSIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **School(s) #** | **School(s)***(Please list all schools applicable to payment)* | **City** | **State** |
|  |  |  |  |
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| --- | --- |
| **Application Type(s)**\**Please refer to attached list for application types* | **Payment Amount(s)***(Enter payment amount for each application type)* |
|  |  |

|  |  |
| --- | --- |
| **Total Payment Amount** | C**heck Number** |
|  |  |

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| --- | --- | --- | --- |
| **Name of contact person(s)** | **Title(s)** | **contact phone number(s)** | **contact email(s)**  |
|  |  |  |  |

* **Please submit this payment form with each check payment**.

**Submit To: Operations Department**

**Accrediting Commission of Career Schools and Colleges**

**2101 Wilson Boulevard, Suite 302**

**Arlington, VA 22201**

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| --- |
| **\*Application Type(s)** |
| Application of Hours for Clock Hour Programs | Application for Continuing Education and Avocational Courses | Application for Approval of a Baccalaureate Degree |
| Application for Approval of an Academic Associates Degree | Application for Approval of a Master’s Degree | Application for Approval of an Occupational Associates Degree |
| Application for a Branch Part I | Application for a Branch Part II | Application for a Branch Realignment, Part I |
| Application for a Branch Realignment, Part II | Application for a Change of Location Part I | Application for a Change of Location Part I |
| Application for a Change of Name Part I | Application for a Change of Control Part I | Application for a Change of Control Part II |
| Application for Clock to Credit Hour Conversion | Application for a Distance Education Facility | Application for Initial Distance Education  |
| Application for Expansion of Distance Education Approval | Application for a Change of Mission | Application for English as a Second Language Courses |
| Application for a Non-Degree Program  | Application for a Satellite Location | Application for a Substantive Program Modification |
| Application for a Substantive Program Modification Addition of Concentration | Modification of Ownership Report | Consortium Partnership Report |
| Distance Education Consortium Partnership Agreement | Facility Expansion Report | Program Modification Report Non-substantive Modification |
| Application for a Baccalaureate Degree – Affiliated  | Application for an Associate Degree – Affiliated | Application for a Non-Degree Program – Affiliated |
| Application for a Substantive Program Modification – Affiliated | Application for a Clock to Credit Hour Conversation – Affiliated | Program Modification – Non Substantive Modification – Affiliated |
| Application for use of “University” in the School Name Part – I  | Application for use of “University” in the School Name Part – II | Application for a Change of Name Part II |
| Application for a Non-Degree Program with Expansion of Distance Education | Application for Approval of an Associate Degree Program with Expansion of Distance Education |  |