**To be submitted for a school seeking to use the term “University” in its name (*Section I (F)(2), Substantive Standards, Standards of Accreditation)*. Schools must submit this application at** **least 45 days prior to the intended use. The school is not authorized to use the term University in its name until it has received approval from the Commission to do so. (*Section IV (E)(3)(b)(i), Rules of Process and Procedure, Standards of Accreditation*)*.***

To ensure consideration of the application at the next scheduled meeting, please see the [Substantive Changes – Level II Deadlines](http://www.accsc.org/UploadedDocuments/2017%20Subchange%20Forms/Substantive%20Changes%20-%20Level%20II%20Deadlines%202018.pdf) on the ACCSC website.

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| **GUIDELINES FOR SUBMISSION** * The school must ensure that the provided **Institutional Development** **Payment Submission Form** is included with the submission. Please ensure that the form lists the correct school name, fee amount, and check information. If the school would like to submit payment via credit card, please contact the ACCSC office.
* The school must provide a response to all items in this application, along with any relevant supporting documentation. Please do not copy and paste information from previous applications. If the application is deemed incomplete, the Commission may determine that a new submission is needed prior to review.
* The completed application should include only the required information and not exceed **100 pages**. Unless specifically requested, do not provide copies of the full school catalog or information that does not pertain to the items in this application.
* Please review the application prior to final 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.
* Incorrect application submissions will incur a $250 Incorrect Application Fee.
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| **ELECTRONIC SUBMISSION FORMAT REQUIREMENTS*** Electronic Submissions submitted via e-mail will not be processed. Please upload all submissions to the ACCSC College360 database. The school will receive an e-mail confirmation that the file has been received within 24 hours of the submission.
* The school’s response must be prepared in accordance with ACCSC’s Instructions for Electronic Submission (e.g., prepared as one continuous PDF document with the required bookmarks).
* Please visit the ACCSC website for specific resources and guidance regarding how to successfully complete and submit this application.
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**I have read and understand the Guidelines for Submission and the Electronic Submission 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.**

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

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| --- | --- | --- | --- |
| **Name** | **Signature** | **Title** | **Date** |
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| --- | --- | --- | --- | --- | --- |
| **School #** | **School Name** | **Type**  | **City** | **State** | **Degree Granting** |
|  |  | Main: | [ ]  |  |  | Yes: | [ ]  |
| Branch: | [ ]  | No: | [ ]  |

|  |  |
| --- | --- |
| **Does the school have an approved satellite location(s)**  | **If Yes, please list the satellite location(s), including Satellite Number, city, and state\*** |
| yes: | [ ]  |  |
| no | [ ]  |

\*Upon approval of the use of “University” in the school’s name, the use of “University” will also be acknowledged for any applicable satellite location(s).

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| **Contact Person** | **Phone** | **Email** |
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|  |  |
| --- | --- |
| **Proposed New Name of School** | **Effective Date of Change***(month/day/year)* |
|  |  |

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| **Application Processing Fee**Please submit payment 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.* Application for Use of “University” in School Name – Part I: **$750**

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 be assessed a $250 additional information processing fee for the submission of the additional information, which must be paid upon the submission of the response.**Incorrect Application Fee**Please ensure that the school is utilizing the correct application. Upon review of the application, if determined that the school should have utilized a different application, a $250 Incorrect Application Fee will be assessed.  |

**Required Supporting Documentation**

1. A detailed narrative and justification for review and consideration by the Commission, to include supporting documentation as necessary, in support of the use of “university” by the school;
2. Evidence that the appropriate state authorities approved or will approve the school to use “university” in its name;
3. Evidence that the school offers and has enrollments in at least one graduate level degree program; evidence of successful student achievement in the offering of the graduate degree (i.e., copy of the G&E Chart submitted with the most recent Annual Report), or operation of the school’s graduate degree program(s);
4. Evidence that the school offers diverse programs of study with a comprehensive learning resource system to support those fields;
5. Demonstration that the school is comparable to other schools with university status;
6. Evidence that the school has an established professoriate with a commitment to scholarship;
7. A draft of the school’s catalog, cross-referenced with the Catalog Checklist, using new name; and
8. A draft of the school’s enrollment agreement, cross-referenced with the Enrollment Agreement Checklist, using the new name.

**INSTITUTIONAL DEVELOPMENT**

**PAYMENT SUBMISSION FORM FOR APPLICATION SUBMISSIONS**

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| --- | --- | --- | --- |
| **SCHOOL #(s)** | **SCHOOL NAME(s)** | **CITY** | **STATE** |
|  |  |  |  |

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| --- | --- | --- |
| **APPLICATION TYPE(s)** | **NAME OF PROGRAM(s)**(*if applicable*) | **PAYMENT AMOUNT(s)**(*Enter payment amount for each application type*) |
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| **TOTAL PAYMENT AMOUNT** | **CHECK NUMBER** |
|  |  |

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| --- | --- | --- | --- |
| **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**