



MIKE KRAUSE
Executive Director

STATE OF TENNESSEE
HIGHER EDUCATION COMMISSION
TENNESSEE TOWER, 9TH FLOOR
312 ROSA L. PARKS AVE.
NASHVILLE, TENNESSEE 37243-1102
(615) 741-5293

BILL LEE
Governor

Application for Change of Institutional Location

A typed, completed application must be submitted. Per Rule 1540-01-02-.07(6), absent extraordinary circumstances, this application shall be submitted thirty (30) days prior to relocation. Staff assistance with completing this form is available at (615) 741-5293.

INSTITUTIONAL DATA			
Institution Name:			
DPSA Institution Code:			
Current Physical Location Address			
Address:			
City:	State:	Zip:	County:
Current Square Footage:		Current Lease Expiration Date:	
Mailing Address (This address is used only if the institution is unable to receive mail at the current physical location.)			
Address:			
City:		State:	Zip:
Institution Contact Data			
Telephone No.:		Fax No.:	
Web Site:		Email:	
Name of the Institutional Director:			
Direct Telephone No.:		Cell Phone No.:	
Email:			
Name of Secondary On-Site Contact:			
Title:			
Telephone No.:		Email:	
Name of Corporate Contact:			
Title:			
Telephone No.:		Email:	
CONTACT PERSON FOR THIS APPLICATION			
Name:			
Address:			
City:		State:	Zip:
Telephone No.:		Email:	
PROPOSED NEW LOCATION INFORMATION			
Address:			
City:		State:	Zip:
Does this change of location also apply to the corporate office? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Will the institution's phone numbers change? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes complete the following)			

New Telephone No.:		Institutional Director's New Direct No:	
Expected Date of Move:		Start date of classes at new location:	
Will the institution <input type="checkbox"/> Rent <input type="checkbox"/> Own		Square Footage:	
If renting, beginning date of new lease:		Expiration date of new lease:	
If leasing, name of property manager:			
Property manager's address:			
City:		State:	Zip:
Property manager's Telephone No.:			
Have all the appropriate agencies been notified e.g., accrediting agencies, health related boards, etc.? If YES, attach a copy of the approval letter under Attachment 2 of this application. If NO or N/A, attach an explanation under Attachment 2 of this application. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Will any educational activities continue at the current location? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach an explanation under Attachment 3 of this application.			
Will this institution have facilities other than at the address listed in the information above? (If yes, please attach an explanation under Attachment 6 of this application.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

AFFIRMATION OF INSTITUTIONAL DIRECTOR

I affirm the following are true:

- I have completed or reviewed this application in its entirety.
- The information contained in the attached documents is accurate.
- The institution is maintained and operated in compliance with all pertinent ordinances and laws including, but not limited to, rules and regulations adopted pursuant to ordinances and laws, relative to the safety and health of all persons upon the premises.

Institutional Director Signature: _____

Print Name: _____

Date: _____

Owner Signature: _____

Print name: _____

Date: _____

ATTACHMENT CHECKLIST

The items in the checklist must be provided in order for the application to be complete. Refer to Rule 1540-01-02-.07(6) of the Rules of the Tennessee Higher Education Commission (THEC) for additional information. If an attachment is not applicable to your institution, write the number of the attachment and "N/A" next to it, along with an explanation as to why the attachment is not applicable. All responses must be typed and submitted following the appropriate question on the application. Incomplete applications will not be processed.

The institution will be notified if the application requires additional information to be submitted. Once the application is complete and reviewed by the Division of Postsecondary State Authorization (DPSA) staff, a site visit will be scheduled for institutions located in Tennessee. Upon a successful site visit, the institution will be notified of approval of the change of location. **After receiving the approval notice, the institution must provide an institutional bond and / or letter of credit and, if applicable, agent bond(s) reflecting the new address.**

FEE AND DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION	
<input type="checkbox"/>	1. CHANGE OF LOCATION FEE OF \$500 – Place the fee in an envelope marked "Change of Location." Payment must be made with a business check, money order, or cashier's check. No personal checks will be accepted. Make checks payable to the State of Tennessee.
<input type="checkbox"/>	2. AGENCY NOTIFICATION – Please provide verification of compliance, in writing, from the appropriate entity/entities or explain why approval is not required.
<input type="checkbox"/>	3. EDUCATIONAL ACTIVITIES – Explain what educational activities will continue at the currently authorized location.
<input type="checkbox"/>	4. JUSTIFICATION FOR CHANGE OF LOCATION – 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.
<input type="checkbox"/>	5. STUDENT ACCOMODATIONS – Pursuant to Rule 1540-01-02-.07(6)(d), "If a move is beyond ten (10) miles and a student is prevented from completing the training at the new location, a full refund of all moneys paid and a release from all obligations will be given to the student or loan holder." <ul style="list-style-type: none"> • Is the proposed location change of your institution over 10 miles? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain how students have been / will be notified of the move and provide documentation to DPSA demonstrating that students have agreed to the move over 10 miles or have opted to receive a full refund of all moneys paid. • Will current students be taught out prior to the relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide an explanation of what provisions have been made for the teach out. If NO, please explain.
<input type="checkbox"/>	6. FACILITY – If the building to be occupied by the institution will be leased as indicated under the Proposed New Location section of the application, attach a copy of the lease or relevant agreement. If leased, the lease should comply with Rule 1540-01-02-.07(6)(b)(2). If the building to be occupied by the institution is owned, provide proof of ownership. Additionally, if the institution indicated that the institution will have facilities other than at the address listed in the application, please provide an explanation.
<input type="checkbox"/>	7. COMMERCIALY ZONED – If not stated in the lease, provide evidence demonstrating that the location is commercially zoned.
<input type="checkbox"/>	8. EQUIPMENT – List all equipment that will be moved to the proposed location and explain if any new equipment will be leased or purchased. If applicable, provide a list of the equipment to be leased or purchased.

This Application for Change of Institutional Location and supporting documentation must be submitted to the Division of Postsecondary State Authorization (DPSA) as explained at <https://www.tn.gov/thec/bureaus/student-aid-and-compliance/postsecondary-state-authorization/dpsa-links-and-forms.html>.

KEEP A COMPLETE COPY OF THE APPLICATION PACKAGE FOR YOUR FILES.

FOR DPSA USE ONLY		
Entered By	Payment Amount	Payment Type
		<input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Money Order