



MIKE KRAUSE  
Executive Director

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

BILL LEE  
Governor

### Application for Change of Institutional Name

**A typed, completed application must be submitted. Per Rule 1540-01-02-.07(9), this application shall be submitted thirty (30) days prior to changing the institution's name. Staff assistance with completing this form is available at (615) 741-5293.**

INSTITUTIONAL DATA			
Institution Name:			
DPSA Institution Code:			
Physical Location Address			
Address:			
City:	State:	ZIP:	County:
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 INSTITUTIONAL NAME			
Name:			
Does this change of name also apply to the corporate office? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Has there been a change in ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, submit a change of ownership application)			
Has there been a change in institutional location? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, submit a change of institutional location application)			

**Expected Date of Name Change:**

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.

Yes     No     N/A

Justify in narrative form, on a separate sheet of paper, the reason(s) for changing the name of the institution.

**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: \_\_\_\_\_

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

## 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(9) of the Rules of the Tennessee Higher Education Commission (THEC) for additional information. If an attachment is not applicable to the program, 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 Division of Postsecondary State Authorization (DPSA) staff, the institution will be notified of approval of the change of name.

	<b>FEE AND DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION</b>										
<input type="checkbox"/>	1. <b>CHANGE OF INSTITUTIONAL NAME FEE OF \$500</b> – Place the fee in an envelope marked "Change of Institutional Name." 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. <b>AGENCY NOTIFICATION</b> – Please provide verification of compliance, in writing, from the appropriate entity / entities or explain why approval is not required.										
<input type="checkbox"/>	3. <b>NAME CHANGE JUSTIFICATION</b> – On a separate sheet of paper, please justify in narrative form the reasons for the change of institutional name.										
<input type="checkbox"/>	4. <b>LITERATURE</b> - Submit a draft of the institution's catalog, pre-enrollment checklist, enrollment and any advertisement that will use the new name.										
<input type="checkbox"/>	5. <b>SURETY BOND</b> – Please provide the institution's updated surety bond information. For example, a surety bond rider with the new institutional name or a new bond.										
<input type="checkbox"/>	<p>6. <b>REGISTRATION CHANGE VERIFICATION</b> - Please provide all of the following that are applicable:</p> <p style="margin-left: 40px;">a. If the institution is registered with the Tennessee Department of State, provide a copy of the documentation filed with the Department notifying the Department of the change of name. See below for a list of the Department forms for change of name.</p> <table border="1" style="margin-left: 80px; border-collapse: collapse; width: 60%;"> <thead> <tr> <th style="text-align: center;">Institutional Business Structure</th> <th style="text-align: center;">Department of State Filing</th> </tr> </thead> <tbody> <tr> <td>General Partnership (GP)</td> <td>Amendment/Cancellation of Partnership Settlement</td> </tr> <tr> <td>Limited Partnership (LP) and Limited Liability Partnership (LLP)</td> <td>Amendment to Certificate</td> </tr> <tr> <td>Limited Liability Corporation (LLC)</td> <td>Articles of Amendment to Articles of Organization</td> </tr> <tr> <td>Corporation (For-Profit and Nonprofit)</td> <td>Amendment to Charter</td> </tr> </tbody> </table> <p style="margin-left: 40px;">b. If the institution is a general partnership not registered with the Tennessee Department of State or a sole proprietorship, provide proof that the change of name has been made for purposes of the local business license, if required to have such a license; otherwise no information is required to be filed.</p> <p style="margin-left: 40px;">c. If the institution is an out-of-state institution that is not registered with the Tennessee Department of State, provide proof that the institution has notified the appropriate state agency of the change of name.</p>	Institutional Business Structure	Department of State Filing	General Partnership (GP)	Amendment/Cancellation of Partnership Settlement	Limited Partnership (LP) and Limited Liability Partnership (LLP)	Amendment to Certificate	Limited Liability Corporation (LLC)	Articles of Amendment to Articles of Organization	Corporation (For-Profit and Nonprofit)	Amendment to Charter
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This Application for Change of Institutional Name 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**