



MIKE KRAUSE  
Executive Director

STATE OF TENNESSEE  
**HIGHER EDUCATION COMMISSION**  
PARKWAY TOWERS, SUITE 1900  
NASHVILLE, TENNESSEE 37243-0830  
(615) 741-5293

BILL LEE  
Governor

## Application for Change of Ownership and Request for Conditional Authorization

A typed, completed application must be submitted by the new owner. Per [Rule 1540-01-02-07\(4\)](#), this application shall be submitted within five (5) business days after the change of ownership is finalized. This application also serves as a request for conditional authorization such that the new owner may continue to operate the institution without interruption. Staff assistance with completing this application is available at (615)741-5293.

INSTITUTIONAL DATA (Under New Ownership)			
Institution Name:			
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.:		
Website:	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:		

**NEW OWNERSHIP INFORMATION**

If the owner is a partnership, these questions apply to all partners. If the new owner is a corporation, these questions apply to the corporate entity or any individual owner of the corporation with controlling interest.

Has the new owner ever been associated as a principal party, owner, or administrator in any other educational institution?

No  Yes (If yes, please provide an explanation under Attachment 7 of this application)

Has the new owner or director of the institution ever been associated as a principal party, owner, or administrator in an educational institution that (1) ceased operation with a resulting loss of time or money for enrollees of such institution or (2) had state authorization revoked in any state?

No  Yes (If yes, please provide an explanation under Attachment 7 of this application)

Has the new owner or director ever pled guilty or been found guilty of a felony, any crime involving moral turpitude or a violation of any law excluding minor traffic violations; been found mentally incompetent; or had any sanctions against them from any state or government agencies?

No  Yes (If yes, please provide an explanation under Attachment 8 of this application)

Has there or will there be a change of institutional name?  No  Yes (If yes, please provide an explanation under Attachment 9 of this application)

Has there or will there be a change in institutional location?  No  Yes (If yes, please provide an explanation under Attachment 10 of this application)

Please check which of the following ownership structures applies to the New Owner: (Please only check one. If checking "Other" please attach an explanation under Attachment 5 of this application)

- Sole Proprietorship  Partnership  S-Corporation  C-Corporation  
 Limited Liability Corporation  Limited Partnership  Limited Liability Partnership  
 Not-for-Profit Corporation  Government Agency (State-Owned Institution)  Other

Date New Owner Will Take Over Operations:

Have all the appropriate agencies been notified e.g. accrediting agencies, health related boards, U.S. Department of Education, etc.? If YES, attach a copy of the approval letter under Attachment 2 of this application.  Yes  No  N/A (If No or N/A, attach an explanation under Attachment 2 of this application)

**NAME OF THE INSTITUTION BEING PURCHASED**

Institution Name:

DPSA Institution Code:

Address:

City:

State:

ZIP:

Telephone No.:

Email Address:

Are there any legal actions pending concerning the provision of education by the institution as previously owned?  No  Yes (If yes, please provide an explanation under Attachment 6 of this application)

**NAME OF PREVIOUS OWNER REPRESENTATIVE FAMILIAR WITH THIS CHANGE**

Name:

Address:

City:

State:

ZIP:

Telephone No.:

Email Address:

**AFFIRMATION OF INSTITUTIONAL DIRECTOR AND OWNER**

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.

***NOTE: If partnership, all partners must complete and sign this form. If corporation, the president or chairperson of the board of directors must complete and sign this form. Duplicate as necessary.***

Institutional Director Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

**OWNER OR CORPORATION CONTACT INFORMATION (Contact information must be different from the institution information)**

<b>Name:</b>		
<b>Title:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Telephone No.:</b>	<b>Email:</b>	

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

Title: \_\_\_\_\_

Name: \_\_\_\_\_

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

## ATTACHMENT CHECKLIST

The items in the checklist must be submitted for the application to be complete. Refer to [Rule 1540-01-02-.07\(4\)](#) of the Rules of the Tennessee Higher Education Commission for additional information. 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, the institution will be notified and a deadline date for the submission of either the Optional Expedited Authorization (OEA) or Initial Authorization and New Program Applications will be determined and communicated to the new owner(s) and/or Institutional Director.

	<b>FEE AND DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION</b>
<input type="checkbox"/>	<p>1. As the new owner, the institution must file an application for authorization. Depending on the nature of the institution, either an OEA or IA may be applicable. The appropriate fee must be paid with this application, which will be applied to the total due when the authorization application is filed in the future. Fees for authorization are as follows:</p> <ul style="list-style-type: none"> <li>a. OEA - \$9,000 – See <a href="#">Rule 1540-01-10-.09</a> – Only applicable for certain accredited, degree granting institutions - See <a href="#">Rule 1540-01-10-.03</a></li> <li>b. RA - \$3,000 plus the new program fee of \$500 for each program that will be offered under the new ownership – <a href="#">See Rule 1540-01-02-.25</a></li> </ul> <p>Place the appropriate fee in an envelope marked “Change of Ownership.” 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.</p>
<input type="checkbox"/>	<p>2. <b>AGENCY NOTIFICATION</b> – Please provide verification of compliance, in writing, from the appropriate entity/entities or explain why approval is not required.</p>
<input type="checkbox"/>	<p>3. <b>BILL OF SALE</b> – Submit a copy of the sales contract, bill of sale, deeds, etc.</p>
<input type="checkbox"/>	<p>4. <b>AMENDMENTS TO ORIGINAL FILING</b> – Submit copies of the amendments to original filings to create the business.</p>
<input type="checkbox"/>	<p>5. <b>INSTITUTIONAL OWNERSHIP INFORMATION</b> – Provide the following:</p> <ul style="list-style-type: none"> <li>a. A before and after diagram of the ownership change. If the previous or new owner is a corporate owner, then include a corporate tree showing the position of the owner in relationship to all affiliated corporate entities.</li> <li>b. The names and contact information for all new owners. Indicate the percentage of ownership next to each new owner’s name. As to a corporate entity, provide the names and contact information for all new owners with at least ten percent (10%) of the voting interests in the corporation.</li> <li>c. If the institution uses a “doing business as” (D/B/A) title, please include the full D/B/A.</li> </ul>
<input type="checkbox"/>	<p>6. <b>LEGAL ACTIONS</b> – If the institution answered “yes” to the questions of whether there are any legal actions pending concerning the provision of education by the institution as previously owned; provide an explanation as to how the new owner will be involved with the litigation.</p>
<input type="checkbox"/>	<p>7. <b>ASSOCIATION WITH OTHER POSTSECONDARY EDUCATIONAL INSTITUTIONS</b> –</p> <ul style="list-style-type: none"> <li>a. If the institution answered “yes” to the question has the new owner ever been associated as a principal party, owner, or administrator in any other educational institution; provide a list of the institutions and the jurisdiction where the institution was authorized to operate or was exempt from authorization requirements.</li> <li>b. If the institution answered “yes” to the question has the new owner or director of the institution ever been associated as a principal party, owner, or administrator in an educational institution that (1) ceased operation with a resulting loss of time or money for enrollees of such institution or (2) had state authorization revoked in any state; provide a detailed explanation.</li> </ul>
<input type="checkbox"/>	<p>8. <b>CRIMINAL BACKGROUND</b> – If the institution answered “yes” to the question has the new</p>

	owner or director ever pled guilty or been found guilty of a felony, any crime involving moral turpitude or a violation of any law excluding minor traffic violations; been found mentally incompetent; or had any sanctions against them from any state or government agencies' provide a detailed explanation.
<input type="checkbox"/>	9. <b>CHANGE OF INSTITUTIONAL NAME</b> – If the institution answered “yes” to the question has there or will there be a change of institutional name; please provide the new proposed name of the institution, the proposed effective date and, in narrative form, the reasons for the change of institutional name.
<input type="checkbox"/>	10. <b>CHANGE OF INSTITUTIONAL LOCATION</b> – If the institution answered “yes” to the question has there or will there be a change in institutional location; please provide the new proposed address of the institution, the proposed effective date and, 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"/>	11. <b>NEW OWNER STATEMENT OF INTENT</b> – Submit an executed New Owner’s Statement of Intent (see page 6).

**APPLICATION DEADLINES AND MEETING DATES**

**Application deadlines and meeting dates for the Committee on Postsecondary Educational Institutions may be found at:**

<https://www.tn.gov/thec/news-and-events/public-meeting-notice/committee-of-postsecondary-educational-institutions.html>.

**This Application for Change of Institutional Ownership 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>.

For Office Use Only		
Entered By	Receipt #	Payment Type
		<input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Money Order

**NEW OWNER'S STATEMENT OF INTENT**

I, (name) \_\_\_\_\_, the new owner of the institution listed in this application will:

- a. Conduct the institution in accordance with the Higher Education Authorization Act of 2016 (Act) and the rules established by the Commission.
- b. Advertise or solicit using institutional employees familiar with the Act and rules.
- c. Advise the Commission of change of the controlling officer or ownership change.
- d. Advise the Commission within seventy-two (72) hours if this institution proposes to discontinue its operation.
- e. As required by rule, notify the Commission of staff changes by forwarding school personnel forms for new staff and information letters for staff terminations.
- f. Advise the Commission of any application or authorization to operate in another state (Tennessee institutions only).
- g. Maintain all student files in accordance with the laws governing postsecondary educational institutions, including Rule 1540-01-02-.15(5) and (8).
- h. Understand that we are responsible for all Student Level Statistical Data (SLSD) reporting after the change of ownership, which may include SLSD prior to the change of ownership.
- i. Ensure that the institution will continue to train students enrolled at the institution at the time of the change of ownership pursuant to the enrollment agreement executed between the student and the former owner.

Further, I certify that the information included in this application and the accompanying attachments are true and correct. I further verify that the above listed director has been given the authority to act as the primary administrator at this institution and, to the best of my knowledge and unless otherwise indicated in the application, no principal party involved in the applying institution has ever been associated as a principal party, owner, or administrator in any postsecondary educational institution which ceased operation with a resulting loss of time or money for enrollees; been found guilty or pled guilty to a felony, any crime involving moral turpitude or a violation of any law excluding minor traffic violations; been found mentally incompetent; or had any sanctions against them from any state or government agencies. I further understand that it is my responsibility to ensure that the Commission is informed of any significant changes that might alter the basis for authorization.

**DO NOT SIGN WITHOUT READING THE STATEMENT ABOVE. IF THE DIRECTOR IS ALSO THE OWNER, BOTH THE DIRECTOR'S AND OWNER'S STATEMENTS MUST BE COMPLETED.**

\_\_\_\_\_  
Signature of Owner, Chairperson of the Board or Corporate President

\_\_\_\_\_  
Date

**NOTARY**

I certify that the above individual appeared before me and signed this Owner's Statement of Intent:

\_\_\_\_\_  
Name of Institution

Sworn and subscribed before me on this, the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date Commission Expires

**NOTE: If the institution is a partnership, all partners must sign. If the institution is a corporation, the president or chairperson of the board of directors must sign and all other officers must be listed in an attachment. Duplicate as necessary.**