



MIKE KRAUSE  
Executive Director

STATE OF TENNESSEE  
**HIGHER EDUCATION COMMISSION**  
PARKWAY TOWERS, SUITE 1900  
NASHVILLE, TENNESSEE 37243-0830  
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BILL LEE  
Governor

**DELIVERY MODE CHANGE NOTICE**  
(To Be Used Between March 13, 2020 and July 17, 2020)

See memorandum from Stephanie Bellard Chase, Associate Executive Director, Division of Postsecondary State Authorization, Tennessee Higher Education Commission dated March 13, 2020 to regularly authorized postsecondary educational institutions with residential programs regarding "DPSA Coronavirus Disease (COVID 19) Update." [Click Here](#)

<b>INSTITUTIONAL DATA</b>	
<b>Institution Name:</b>	
<b>DPSA Institution Code:</b>	
<b>PHYSICAL LOCATION ADDRESS</b>	
<b>Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip:</b>	<b>County:</b>
<b>CONTACT PERSON FOR THIS NOTICE</b>	
<b>Name:</b>	<b>Title:</b>
<b>Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip:</b>	<b>County:</b>
<b>Business No.:</b>	<b>Cell No.:</b>
<b>Email:</b>	
<b>Additional Email Addresses</b> (please list all addresses where notice(s) concerning this request should be sent):	

### **AFFIRMATION OF INSTITUTIONAL DIRECTOR**

I affirm the following are true:

- I have completed or reviewed this notice in its entirety.
- The information contained in the attached documents is accurate.
- If the proposed program is associated with any subject matter expert agency or leads to professional licensure (for example, Massage Therapy, Cosmetology, Barber, Locksmith, X-Ray, Dental, Nursing, or Teacher Preparation programs), the delivery mode change is acceptable to the subject matter expert agency.
- The delivery mode change is acceptable to all institution and programmatic accreditors who accredit my institution, or the programs listed in response to Checklist Item 1.

Institutional Director Signature:

Print Name:

Date:

### ATTACHMENT CHECKLIST

You must provide the items in the checklist for your request to be complete. 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 requests will not be processed.

<b>DOCUMENTATION TO BE ENCLOSED WITH THIS NOTIFICATION</b>	
<input type="checkbox"/>	1. <b>PROGRAMS</b> – Please list all program names and associated program codes that are currently approved as residential and that are included in this request. A list of program names and code is available <a href="#">HERE</a> .
<input type="checkbox"/>	2. <b>DETAILS OF DISTANCE LEARNING Alternative</b> – Please provide an explanation of the institution's distance learning alternatives and specifically address (a) – (e).  a. Under what circumstances will the requested action be placed into effect and to which students will the requested action apply. For example, your institution may choose to only offer distance learning alternatives to student who choose to self-quarantine or self-isolate. Other institutions may intend the requested action to be effective upon a mandated shutdown of residential educational instruction.  b. How is the requested action appropriate for the institution's programs?  c. Explain and describe how the intended mode of delivery will function. For example, will the institution use synchronous or asynchronous communication?  d. Describe your testing method. How will you verify that the enrolled student is the

	<p>individual who is taking the exam? If testing is given off-site, please provide the company name, address and phone number of the tester and testing site.</p> <p>e. If applicable, please provide the website address and a mock password where students will login for class so that the DPSA staff may navigate through the online system used for instruction. If this item is not applicable to the institution's requested action, please explain.</p>
<input type="checkbox"/>	<p>3. <b><u>STUDENT ACCOMODATIONS</u></b> –Explain how students without the means or desire to engage in the institution's requested action will be accommodated. For example, how would you accommodate a student who does not have internet access at home. For purposes of this item assume that public sources of internet service, such as libraries, are not available.</p>

**SEND YOUR COMPLETED REQUEST TO [THEC.DPSA-APPLICATION@TN.GOV](mailto:THEC.DPSA-APPLICATION@TN.GOV) WITH "DELIVERY MODE CHANGE NOTICE" IN THE SUBJECT LINE.**

You should keep a complete copy of the notice for your files. Once DPSA receives the notice and answers to any follow-up questions, DPSA will acknowledge receipt of the notice.