



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 EXEMPTION DETERMINATION

A completed application must be submitted for each proposed location or program. Staff assistance with completing this application is available at (615) 741-5293.

| INSTITUTIONAL DATA | | |
|--|-----------------|-------------|
| Institution Name: | | |
| DPSA Institution Code (Applicable if Previously Authorized): | | |
| Corporate Name (If Applicable): | | |
| Physical Location Address | | |
| Address: | | |
| City: | State: | |
| ZIP: | County: | |
| Mailing Address (This address is used only if you are unable to receive mail at the physical location.) | | |
| Address: | | |
| City: | State: | ZIP: |
| Institution Contact Data | | |
| Telephone No.: | Fax No.: | |
| Web Site: | Email: | |
| Name and Title of On-Site Director (Administrator): | | |

| CONTACT PERSON FOR THIS APPLICATION | |
|-------------------------------------|------------------|
| Name: | Title: |
| Address: | |
| City: | State: |
| ZIP: | County: |
| Business No.: | Cell No.: |
| Email: | |

ATTACHMENT CHECKLIST

The items in the checklist must be provided in order for the application to be complete. Refer to [Rule of 1540-01-02-.05\(3\)](#) of the Rules of the Tennessee Higher Education Commission, for additional information. A letter will be sent to the institution recognizing or denying the exemption determination request. If the institution is determined not to be exempt, Commission Staff will make a written determination and provide a date by which the institution may submit a request for further review by the Executive Director.

| FEE AND DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION | |
|--|---|
| <input type="checkbox"/> | 1. EXEMPTION DETERMINATION REQUEST FEE OF \$100.00 – Place the fee in an envelope marked “Exemption Determination Request.” Payment must be 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. EXEMPTION AUTHORITY – List the exemption provision relied on in the Act and these rules. Attach documentation supporting the requested exemption such as: copies of all institutional materials; brochures; advertisements; state charter or business license; or organizational ties and/or contracts with other educational providers. Attach the explanation and supporting documentation as Attachment 1. See Rule 1540-01-02-.05 and Tenn. Code Ann. § 49-7-2004 . |
| <input type="checkbox"/> | 3. DESCRIPTIVE NARRATIVE – Explain how the institution or program qualifies for an exemption. Attach the narrative as Attachment 2. |

This Application for Exemption Determination 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 THE INSTITUTIONAL FILES.

| For Commission Office Use Only | | |
|--------------------------------|-----------|--|
| Processed By | Receipt # | Payment Method |
| | | <input type="checkbox"/> Business Check <input type="checkbox"/> Cashier’s Check <input type="checkbox"/> Money Order |