

**TENNESSEE HIGHER EDUCATION COMMISSION
DIVISION OF POSTSECONDARY STATE AUTHORIZATION**

EXEMPTION DETERMINATION REQUEST

A completed application must be submitted for each proposed location or program. Staff assistance with completing this application is available at marcie.mills@tn.gov. Any requests for information or determinations with regard to this application will be sent via email to the contact person listed below.

Commission staff will review an Exemption Determination Request (EDR) and, upon finding that the exemption as requested is justified by statute or rule, notify the institution of such. In the event that Commission staff requires additional information, Commission staff shall defer the EDR by requesting such information and providing the institution two (2) opportunities to correct the deficiencies. Following the second failed attempt to correct deficiencies, the EDR will be denied.

If the request is denied, 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.

1. INSTITUTIONAL DATA

Institution Name: _____

Is Institution Name a DBA? Yes No (If yes, enter the institution legal name below): _____

OPEID No. (for Title IV institutions only) _____

PHYSICAL LOCATION ADDRESS

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____ County: _____

INSTITUTION CONTACT DATA

Telephone No.: _____

Website: _____

Name of the Institutional Director: _____

Direct Telephone No.: _____ Cell Phone No.: _____

Email: _____

CONTACT PERSON FOR THIS APPLICATION

Name: _____

Title: _____ Email: _____

Direct Telephone No.: _____ Cell Phone No.: _____

2. EXEMPTION AUTHORITY SELECTION

Select the appropriate exemption authority. Select all that apply unless stated otherwise. Note that you are expected to provide appropriate evidence of all authorities selected. If the institution selects 2.i. as the exemption authority, do not make any additional selections.

- a. Tenn. Code Ann § 49-7-2004(a)(1)
- b. Tenn. Code Ann § 49-7-2004(a)(2) and Rule 1540-01-02-.05(1)(a)
- c. Tenn. Code Ann § 49-7-2004(a)(2) and Rule 1540-01-02-.05(1)(g)
- d. Tenn. Code Ann § 49-7-2004(a)(2) and Rule 1540-01-02-.05(1)(h)
- e. Tenn. Code Ann § 49-7-2004(a)(3) and Rule 1540-01-02-.05(1)(c)
- f. Tenn. Code Ann § 49-7-2004(a)(3) and Rule 1540-01-02-.05(1)(d)
- g. Tenn. Code Ann § 49-7-2004(a)(4)
- h. Tenn. Code Ann § 49-7-2004(a)(5)
- i. Tenn. Code Ann § 49-7-2004(a)(6) (Do not select any other option.)
- j. Tenn. Code Ann § 49-7-2004(a)(7)
- k. Tenn. Code Ann § 49-7-2004(a)(8)
- l. Tenn. Code Ann § 49-7-2004(a)(9)
- m. Tenn. Code Ann § 49-7-2004(a)(10)
- n. Tenn. Code Ann § 49-7-2004(a)(12) and Rule 1540-01-02-.05(1)(e)
- o. Rule 1540-01-02-.05(1)(f)

3. EXEMPTION AUTHORITY DOCUMENTATION

If Section 2.i. was selected above, proceed to Section 4; otherwise, explain how the institution or program qualifies for an exemption. Attach the narrative as Attachment 3.1. 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 supporting documentation as Attachment 3.2.

4. EXEMPTION AUTHORITY T.C.A. § 49-7-2004(a)(6)

- a. If Section 2.i. above was selected, indicate whether the physical location listed above is:

- The primary campus
- A branch, satellite or extension campus located in the same state where the primary campus is domiciled.
- A branch, satellite or extension campus located in a state other than the state where the

primary campus is domiciled, but has been located in the state where the branch, satellite or extension campus is presently located for at least twenty (20) consecutive years. The primary campus is located in the state of _____.

b. **Exemption Letter** – Has DPSA previously issued an exemption letter for the specific physical location for which the exemption is sought?

- Yes (If yes, attach the letter as Attachment 4.b.and complete Section 4.f.)
 No (If no, complete Section 4.c. through 4.f.)

c. **State Domicile** – Provide documentation as Attachment 4.c. indicating that the primary campus has been domiciled in the same state for at least twenty (20) consecutive years and continues to have its primary campus domiciled in that state.

d. **Not-For-Profit** – Provide documentation as Attachment 4.d. indicating that the primary campus is chartered as a not-for-profit entity in its place of domicile and has continuously been so chartered for at least twenty (20) consecutive years.

e. **Accreditation** – Provide documentation as Attachment 4.e. indicating that the campus is accredited by an accrediting agency recognized by the USDOE and the primary campus has been accredited by a recognized accreditor for at least twenty (20) consecutive years.

f. **Financial Standards** –Provide documentation as Attachment 4.f. indicating that the institution maintains financial standards deemed acceptable by the accreditor to maintain accreditation or maintains financial standards deemed acceptable by USDOE for the purpose of being a Title IV eligible institution.

AFFIRMATION OF THE CONTACT FOR THIS REQUEST

I affirm the following are true:

- I have completed or reviewed this form in its entirety.
- The information contained in the attached documents is accurate.

Signature: _____

Name: _____

Title: _____

Date: _____

FEE PAYMENT

To pay fees by credit card or debit card, create an invoice at the [Create Invoice and Payment Receipt](#) link and complete the payment process. Per [Rule 1540-01-02-.07\(1\)\(d\)](#), an "application submitted without the appropriate fee will be considered incomplete and will not be reviewed until all applicable fees are received." Note there is a convenience fee charged by the third party vendor for paying by credit or debit card.

APPLICATION SUBMISSION

Submit the application and supporting documentation via email to marcie.mills@tn.gov.

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