



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 INITIAL AUTHORIZATION OF A POSTSECONDARY EDUCATIONAL INSTITUTION

A typed, completed application must be submitted for **each location**. This application is a legal document that will be used by Commission staff to determine the institution's eligibility for authorization. Any false or deliberately misleading information that is provided as part of this application may result in denial of the application and additional action pursuant to Rule 1540-01-02-.22 of the Tennessee Higher Education Commission (THEC). Staff assistance with completing this application is available at (615) 741-5293.

Training is presented by Commission staff to assist institutions with the authorization process and completion of this Application for Initial Authorization. Attendance of an institutional representative at the training is mandatory prior to submission of the application. Additional information regarding the training is provided in the Attachment Checklist section of this application.

INSTITUTIONAL DATA			
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 physical location. (If an address is listed, provide an explanation under Attachment 23 of this application.)			
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:		

If the above contact person for this application is not the institutional representative that attended the mandatory Completing the Application for Initial Authorization Training, please complete the following regarding the attendee:

Name:

Title:

Telephone No.:

Email:

CURRENT INSTITUTIONAL ACCREDITATION DATA

Is the institution accredited? Yes No

1. Accreditor Name:

Highest Credential Level of Accreditation:

Initial Accreditation Date:

Accredited Through Date:

2. Accreditor Name:

Highest Credential Level of Accreditation:

Initial Accreditation Date:

Accredited Through Date:

Has there been any change in the accreditation status of the institution in the past year or are there any complaints under investigation by the accrediting body? (If yes, please attach an explanation under Attachment 7 of this application.) Yes No

COMPLAINTS

Are there any complaints regarding the institution, parent institution, or corporate entity, presently under review by a licensing agency, any accrediting body, or governmental agencies? (If yes, please attach an explanation under Attachment 4 of this application.) Yes No

Are there any legal actions pending by or against the parent institution or corporation? (If yes, please attach an explanation under Attachment 4 of this application.) Yes No

Have any judgments or settlements been rendered in favor of or against the institution, or related business entity, in the past year specific to Tennessee operations or Tennessee students? (If yes, please attach an explanation under Attachment 4 of this application.) Yes No

Are any legal actions pending by or against the institution? (If yes, please attach an explanation under Attachment 4 of this application.) Yes No

OWNERSHIP INFORMATION

Please check which of the following ownership structures applies to the institution: (Please check only one. If checking "Other" please attach an explanation under Attachment 10 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

Has any principal owner ever been associated as a principal party, owner, or administrator in an educational institution that participated in federal student aid programs? (If yes, please attach an explanation under Attachment 10 of this application.) Yes No

Has any principal owner ever been associated as a principal party, owner, or administrator in an educational institution that ceased operation with a resulting loss of time or money for enrollees of such institution? (If yes, please attach an explanation under Attachment 10 of this application.)
 Yes No

FACILITIES

Will the building being occupied by the institution be: (If leased or donated, please provide a copy of the lease or relevant agreement and if owned, provide proof of ownership under Attachment 5 of this application.)
 Owned Leased Donated

If leased, please state the date of the expiration of the current lease (mm/dd/yyyy):

Indicate the number of spaces utilized as:

Classrooms _____ Studio _____ Break Room _____ Lab/Clinical _____ Offices _____

Field Training Space _____ Bathroom _____ Auditorium _____ Other _____
Total square footage of space occupied: _____ sq. ft.
Will the institution have a library? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the institution have facilities other than at the address listed in the information above? (If yes, please attach an explanation under Attachment 5 of this application.) <input type="checkbox"/> Yes <input type="checkbox"/> No
FEDERAL STUDENT FINANCIAL AID INFORMATION (TITLE IV ELIGIBILITY)
Does the institution participate in federal student financial aid programs as defined by Rule 1540-01-02-.03(30)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the institution's OPE ID No.: _____ and provide the items listed under Attachment 8 of this application.

OTHER APPLICATIONS
Any applications listed below <u>must</u> be submitted in the same packet as this initial authorization application. Failure to submit the required applications with this initial authorization application may result in deferral of all applications to the next deadline per Rule 1540-01-02-.07(1)(c).
How many school personnel applications will the institution submit simultaneously with this application? (At minimum, an application must be submitted for the institutional director.)
How many applications for agents as defined by Rule 1540-01-02-.03(6) will the institution submit simultaneously with this application? (Respond N/A if the institution does not have agents.)
How many new program applications will the institution submit simultaneously with this application? (If 0, please attach an explanation under Attachment 6 of this application.)

ATTACHMENT CHECKLIST

The items in the checklist must be provided in order for the application to be complete. Refer to Tenn. Code Ann. § 49-7-2001 and Rule Chapter 1540-01-02 for additional information. The standards by which the application will be primarily evaluated are found in Rule 1540-01-02-.07(2).

Please provide each item below on a separate sheet of paper. If an attachment is not applicable to the institution, on a separate sheet of paper, type the number of the attachment and "N/A" next to it, along with an explanation as to why the attachment is not applicable. When completing the attachments, do not answer a question with reference to documents that are not provided with the application.

If an application is not typed or is incomplete, the application will be deferred to the next deadline per Rule 1540-01-02-.07(1)(c). Further, an application missing any applicable fees will not be reviewed until all fees are received and may be deferred per Rule 1540-01-02-.07(1)(b).

TRAINING INFORMATION, APPLICATION DEADLINES, AND MEETING DATES

Initial authorization training information, application deadlines, meeting dates, and meeting locations for the Committee on Postsecondary Education Institutions and the Tennessee Higher Education Commission may be found at: <https://www.tn.gov/thec/news-and-events/public-meeting-notice/committee-of-postsecondary-educational-institutions.html>.

Please be aware it is mandatory for an institutional representative to attend (1) the Completing the Application for Initial Authorization Training, (2) the Committee meeting during which the application is presented, and (3) the Initial Authorization Training following the Committee meeting. The institution will be notified of the date the application will be presented to the Committee or if the institution's application will be deferred.

The Completing the Application for Initial Authorization Training will highlight common mistakes that DPSA staff has identified when reviewing applications. However, the training is designed to be an interactive work session. Therefore, bringing a working copy of the applications will allow DPSA staff the opportunity to address questions the institution has about specific documents before submission. The institutional representative will be provided a Training Attendance form, which must be submitted with this application (see Attachment 22). **In order to reserve a spot for the training, please email Carolyn Qualls at carolyn.qualls@tn.gov with the name of the prospective institution and the number of attendees.** Any application submitted without an attendance form may not be reviewed.

FEE AND DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION	
<input type="checkbox"/>	1. INITIAL AUTHORIZATION FEE OF \$3,000 - Place the Initial Authorization fee in an envelope marked "Initial Authorization." 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. DIRECTOR'S STATEMENT OF INTENT - Complete the attached Director's Statement of Intent and attach the original signed and notarized statement.
<input type="checkbox"/>	3. OWNER'S STATEMENT OF INTENT - Complete the attached Owner's Statement of Intent and attach the original signed and notarized statement.
<input type="checkbox"/>	4. COMPLAINTS - If the institution answered "yes" to any of the questions under the Complaints section of the application, attach an explanation for each affirmative answer.
<input type="checkbox"/>	5. FACILITIES - If the building to be occupied by the institution will be leased or donated as indicated under the Facilities section of the application, attach a copy of the lease or relevant agreement. If leased, the lease should comply with Rule 1540-01-02-.07(2)(a)(5). On a separate

	<p>sheet of paper, list the property manager's name, company, full address, phone number, and the beginning and end dates of the lease. If the building to be occupied by the institution is owned, provide proof of ownership. Additionally, if the institution indicated that the institution will have facilities other than at the address listed in the application, please provide an explanation on a separate sheet of paper.</p>
<input type="checkbox"/>	<p>6. NEW PROGRAM APPLICATIONS – If the institution indicated that it will not be submitting any new program applications simultaneously with this application, please provide an explanation.</p>
<input type="checkbox"/>	<p>7. ACCREDITATION DOCUMENTATION – If applicable, provide the following:</p> <ul style="list-style-type: none"> • Evidence of institutional accreditation, and if applicable, authority to offer degrees from a regional or national institutional accrediting agency recognized by the U.S. Department of Education (USDOE); and • If the institution answered “yes” to the question under the Current Institutional Accreditation section that required additional explanation, provide said explanation.
<input type="checkbox"/>	<p>8. TITLE IV ELIGIBILITY DOCUMENTATION – If applicable, provide the following items:</p> <ul style="list-style-type: none"> • The most recent independent audit with the federal financial composite score as described in 34 C.F.R. § 668.172; • Any correspondence issued in the past twenty-four (24) months from the Office of Federal Student Aid of the USDOE concerning eligibility for financial aid; and • The most recently calculated 3-year official cohort default rate from the Office of Federal Student Aid of the USDOE.
<input type="checkbox"/>	<p>9. FINANCIAL STATEMENTS AND DISCLOSURES – Review Rule 1540-01-02-.07(2)(a)(17) and provide the following as described in the rule:</p> <ol style="list-style-type: none"> a. a current balance sheet evidencing institutional financial resources adequate to fund and maintain the following: <ol style="list-style-type: none"> i. facility maintenance and overhead; ii. staff and faculty payroll; iii. books, supplies or equipment utilized by students; and iv. general operating costs; and b. financial statements as follows: <ol style="list-style-type: none"> i. as to institutions that are not currently operating a location in Tennessee or out-of-state, pro forma financial statements (see suggested spreadsheets and instructions at DPSA Links and Forms demonstrating that the location for which authorization is being sought will within the first three (3) years following receipt of initial authorization meet the ratios described in Rule .14(5)(e) of these rules; or ii. as to institutions that are operating a location in Tennessee or out-of-state, pro forma financial statements (see suggested spreadsheets and instructions at DPSA Links and Forms demonstrating that the location for which authorization is being sought will within the first three (3) years following receipt of initial authorization meet the ratios described in Rule .14(5)(e) of these rules and the most recent financial statements of the existing entity.
<input type="checkbox"/>	<p>10. INSTITUTIONAL OWNERSHIP INFORMATION – <i>Not applicable to government agency institutions.</i></p> <ol style="list-style-type: none"> a. Not-for-profit Corporations - Provide the names and contact information for all members of the executive committee of the board of directors, indicating each member's board title, and, if applicable, a corporate flowchart showing the institution's position to all affiliated corporate entities. If the institution uses a “doing business as” (d/b/a) name, please include the full d/b/a name. Additionally, if the institution answered any questions under the Ownership Information section of the application, which requires further explanation, attach the explanation(s).

	<p>b. For-Profit Entities - Provide a description of the ownership structure of the institution, the names and contact information for all owners with more than ten percent (10%) of the voting interests in the corporation, indicating the percentage of ownership next to their name(s), and, if applicable, a corporate flowchart showing the institution's position in relationship to all affiliated corporate entities. If the institution uses a "doing business as" (d/b/a) name, please include the full d/b/a name. Additionally, if the institution answered any questions under the Ownership Information section of the application, which requires further explanation, attach the explanation(s).</p>
<input type="checkbox"/>	<p>11. REPORT OF ANY ILLEGAL OR UNETHICAL CONDUCT - Provide a report of any illegal or unethical conduct by employees, agents, contractors, or third-party service providers related to the delivery of educational programs and services to students with any corrective action and remedies taken by the institution.</p>
<input type="checkbox"/>	<p>12. LICENSE OR AUTHORIZATION TO OPERATE IN HOME STATE - If the institution's home state is a state other than Tennessee, provide a current copy of the institution's license or authorization to operate in the institution's home state or proof of exemption. An institution's home state is the state in which its main physical site is located. See Rule 1540-01-02-.06(2).</p>
<input type="checkbox"/>	<p>13. INSTITUTIONAL SURETY BOND - Complete the attached Surety Bond form and return the original form. See Tenn. Code Ann. § 49-7-2013 for specific bond requirements.</p>
<input type="checkbox"/>	<p>14. EVIDENCE OF A BUSINESS ACCOUNT - Provide evidence of an institutional business account with a financial institution that is federally insured in the institution's name.</p>
<input type="checkbox"/>	<p>15. INSTRUCTOR EVALUATION METHODOLOGY - Provide a full description of the instructor evaluation methodology that is utilized by the institution as referenced in Rule 1540-01-02-.16(7).</p>
<input type="checkbox"/>	<p>16. PRE-ENROLLMENT CHECKLIST - Provide a copy of the institution's pre-enrollment checklist that complies with Rule 1540-01-02-.13(1). An example is attached.</p>
<input type="checkbox"/>	<p>17. ENROLLMENT AGREEMENT - Provide a copy of the institution's enrollment agreement that complies with Rule 1540-01-02-.13(2).</p>
<input type="checkbox"/>	<p>18. TRANSFERABILITY OF CREDITS DISCLOSURE - Provide a copy of the institution's transferability of credits disclosure as referenced in Rule 1540-01-02-.13(1)(h) and that complies with Tenn. Code Ann. § 49-7-144. The disclosure is required to be a separate document and the text shall be printed in type not less than sixteen (16) point font. An example is attached.</p>
<input type="checkbox"/>	<p>19. COPY OR EXAMPLE OF TRANSCRIPT/CERTIFICATE - For institutions offering a transcript, provide an exact copy or an example of a transcript for a student who is 1) current; 2) withdrawn; and 3) graduated. If the institution offers a well-defined short term program, such as bartending or truck driving, with no separation of courses by subject content, the institution should provide an exact copy or an example of the certificate. The transcripts should comply with Rule 1540-01-02-.15(8)(a) and the certificates should comply with Rule 1540-01-02-.15(8)(b).</p>
<input type="checkbox"/>	<p>20. INSTITUTIONAL CATALOG - Provide a copy of the institution's catalog along with the following catalog checklist. Enter the page number(s) where each item can be found in the catalog. All items in the following checklist must be contained in the same document pursuant to Rule 1540-01-02-.11.</p> <ul style="list-style-type: none"> _____ Name and address of institution _____ Identifying data, such as catalog number and/or publication date _____ Table of contents _____ Names of owners and officers, including any governing boards _____ Institutional calendar, including holidays, enrollment periods, and the beginning and ending dates of terms, courses, or programs _____ Institutional enrollment procedures and entrance requirements, including late enrollment, if permitted _____ Institutional attendance policy, including minimum attendance requirements, how attendance will be determined, the circumstances under which a student will be interrupted for

_____ unsatisfactory attendance, and the conditions under which a student may be readmitted

_____ Institutional policy covering satisfactory progress, including an explanation of any grading system used, a description of any probation policy, and a description of the institutional system for making progress reports to students

_____ Institutional policy regarding student conduct, including causes for dismissal and conditions for readmission

_____ Description of each program offered including objectives, costs, length, program components or course requirements, or in the case of correspondence instruction, the number of lessons

_____ Description of the placement assistance available and if none, so state

_____ Description of the facilities and equipment used for educational programs

_____ Policy concerning credit granted for previous education, training, and experience and if none, so state

_____ Refund and cancellation policy, including the procedure for determining the official date of termination, the time within which a refund will be provided, and how a refund must be requested

_____ Statement provided within the first four (4) pages of the catalog which reads as follows: "The (name of institution) is authorized by the Tennessee Higher Education Commission. This authorization must be renewed each year and is based on an evaluation of minimum standards concerning the quality of education, ethical business practices, and fiscal responsibility."

_____ Description of the student grievance procedure, including the title, address, and telephone number of the institutional employee designated to receive students complaints, the process for escalating or appealing a complaint (if applicable), the process for nonbinding mediation or voluntary arbitrary (if applicable), the address and telephone number of Commission Staff along with a statement that reads: "[a]ny person claiming damage or loss as a result of any act or practice by this institution that may be a violation of the Title 49, Chapter 7, Part 20 or Rule Chapter 1540-01-02 may file a complaint with the Tennessee Higher Education Commission, Division of Postsecondary State Authorization."

_____ Disclosure regarding the ability to transfer credit earned to another institution, with language sufficient to describe limitations on the transfer of credit. Suggested language is as follows:
 "(Name of institution) is a special purpose institution. That purpose is (institution's mission statement). Students should be aware that transfer of credit is always the responsibility of the receiving institution. Whether or not credits transfer is solely up to the receiving institution. Any student interested in transferring credit hours should check with the receiving institution directly to determine to what extent, if any, credit hours can be transferred."

_____ Cash discount policy, if offered

_____ ATB testing policies, if any, along with the admissions policies



21. **COPY OR EXAMPLE OF ACCOUNT STATEMENTS** – Provide an exact copy or an example of an account statement for a student who is 1) current; 2) withdrawn; and 3) graduated.
- For a current student, the copy or example must clearly reflect the balance, if any, due the institution, at least one (1) tuition charge and one (1) payment, and otherwise comply with Rule 1540-01-02-.15(4).
 - For a withdrawn student, the copy or example must clearly reflect the balance, if any, due the institution, at least one (1) tuition charge and one (1) payment, the application of the institution's refund policy, and otherwise comply with Rule 1540-01-02-.15(4).
 - For a graduate, the copy or example must clearly reflect the balance, if any, due the institution, at least one (1) tuition charge and one (1) payment, and otherwise comply with Rule 1540-01-02-.15(4).

<input type="checkbox"/>	22. APPLICATION FOR INITIAL AUTHORIZATION TRAINING – Attach a copy of the Training Attendance form provided to the institution at the end of the Completing the Application for Initial Authorization Training.
<input type="checkbox"/>	23. MAILING ADDRESS – An institution may list a mailing address on Page 1 of this application only if the institution is unable to receive mail at the physical location. If the institution listed a mailing address on Page 1 of this application, attach an explanation as to why the institution is unable to receive mail at the physical location.

AFFIRMATION OF INSTITUTIONAL DIRECTOR

I affirm the following are true:

- I have completed or reviewed this application in its entirety.
- I have read and understand the Higher Education Authorization Act of 2016, Tenn. Code Ann. §§ 49-7-2000, *et seq.*
- I have read and understand the Rules of the Tennessee Higher Education Commission, Chapter 1540-01-02.
- The physical location address provided in this application is zoned for commercial use.
- The information contained in the attached documents is accurate.

Signature: _____

Print Name: _____

Title: _____

Date: _____

NOTARY

I certify that the above individual appeared before me and signed this Affirmation of Institutional Director:

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

Notary Signature

Date Commission Expires

This Application for Initial Authorization 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 OFFICE USE ONLY		
Entered By	Payment Amount	Payment Type

DIRECTOR'S STATEMENT OF INTENT

I, (print name) _____, certify that the information included in this application and the accompanying attachments are true and correct to the best of my knowledge. I have been given the authority to act as the primary administrative officer of the institution with the acknowledged responsibility to ensure that this postsecondary educational institution is conducted operationally and educationally in accordance with Tennessee statutes and the rules of the Tennessee Higher Education Commission. I further understand that it is my responsibility to ensure that all actions, disclosures and public representations by employees or third party contractors are in compliance with Tennessee state law. 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. I affirm that 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.

I verify that, to the best of my knowledge, no principal party involved in the applying institution has ever been associated as a principle 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 governmental agencies.

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 Institutional Director

Date

NOTARY

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

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

Notary Signature

Date Commission Expires

SURETY BOND FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS

*In-State Institutions, Out-of-State Public Institutions, Institutions Providing Primarily Religious Instruction: \$10,000
All Other Institutions: \$20,000*

Bond # _____

Authorized Name of Institution _____

Authorized Location Address _____
(Street, City, State, ZIP)

KNOW ALL PERSONS BY THESE PRESENTS:

That we, _____, as Principal, and _____, a
(Authorized Name of Institution) (Surety Company)

Corporation duly licensed to do surety business in the State of Tennessee, as Surety, are firmly bound unto the Tennessee Higher Education Commission, as Obligee, in the just and full penal sum of () Ten Thousand Dollars (\$10,000) or () Twenty Thousand Dollars (\$20,000), lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made, we bind ourselves, our legal representatives, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of the above obligation is such, that whereas, the above bound Principal, in pursuance of the provision of Tennessee Code Annotated Sections 49-7-2007 and 49-7-2008, has obtained a certificate to operate a postsecondary educational institution within or without the State of Tennessee and said Principal has accepted such certificate with all of the duties and liabilities applicable thereto; and the Tennessee Higher Education Commission requiring that the undersigned Principal provide a surety company bond in the penal sum of \$ _____ in accordance with the terms of Tennessee Code Annotated Section 49-7-2013.

Further, the condition of this obligation is such that the Principal shall indemnify any student or enrollee or the student's or enrollee's parents or guardian, or class thereof, determined to have suffered loss or damage as a result of any act or practice which is a violation of Tennessee Code Annotated Section 49-7-2001, et. seq., by said Principal, and that the Surety shall pay any final, non-appealable decision rendered by the Obligee, board of directors of the tuition guaranty fund, or any court of this state having jurisdiction, upon receipt of written notification thereof from the Obligee. Upon cessation of operation of Principal and two (2) years thereafter, any remaining funds shall be used to pay the special agency account established pursuant to Tennessee Code Annotated Section 49-7-2014, an amount to be assessed by Obligee for the administrative costs associated with maintaining academic records pursuant to Tennessee Code Annotated Section 49-7-2016, including the collection, conversion, and retention of all academic records.

Now therefore, if the Principal shall faithfully perform his duties in conformity with the provision of the aforesaid law, then this obligation shall be considered void, otherwise to remain in full force and effect.

Provided, however, that this bond is executed and accepted subject to the following express conditions and limitations:

1. This bond shall be effective from the _____ day of _____, 20____, and shall be in force as the security required of the Principal as hereinafter set forth until cancelled as provided in Paragraph 3 hereof.
2. Regardless of the number of years that such bond is in force, the aggregate liability of the Surety thereon shall in no event exceed the penal sum of the bond.
3. The Surety may be released therefrom after such Surety shall serve written notice thereof to the Obligee sixty (60) days prior to said release, but said release shall not discharge or otherwise affect any claim theretofore or thereafter filed by a student or enrollee or student's or enrollee's parents or guardian, or class thereof for loss or damage resulting from any act or practice which is a violation of Tennessee Code Annotated Section 49-7-2001, et. seq., alleged to have occurred while said bond was in effect, for an institution's ceasing operations during the term for which tuition has been paid while said bond was in force, or for the administrative costs associated with maintaining academic records pursuant to Tennessee Code Annotated Section 49-7-2016, including the collection, conversion, and retention of all academic records.

IN WITNESS WHEREOF:

The said Principal has hereunto set his hand, and the said Surety has caused its corporate name to be signed hereto, and has caused its corporate seal to be hereto affixed by _____, its duly authorized Agent or Attorney in Fact, this the _____ day of _____, 20____.

SURETY SEAL

Name of Surety _____

Address (street, city, state, ZIP) _____

Phone number of Agent or Attorney in Fact _____

Name of Agent or Attorney in Fact (please print) _____

Signature _____ Date _____

NOTARY SEAL

State of _____

County of _____

I, _____, a Notary Public in and for the County and State aforesaid, do hereby certify that _____, annexed, for _____, a corporation, bearing date, the _____ day of _____, 20____, in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, 20____

Notary Signature _____ Commission Expires _____

PRINCIPAL

Principal (Authorized Name of Institution) _____

Authorized Institution Official (please print) _____

Signature _____ Date _____

NOTARY SEAL

State of _____

County of _____

I, _____, a Notary Public in and for the County and State aforesaid, do certify that _____, whose name is signed to the writing above or hereto annexed, bearing date on the _____ day of _____, 20____, has this day acknowledged the same before me in my said county.

Given under my hand this _____ day of _____, 20____.

Notary Signature _____ Commission Expires _____

EXAMPLE OF PRE-ENROLLMENT CHECKLIST
TO BE PLACED IN EACH STUDENT'S FILE ONCE THEY HAVE SIGNED AND DATED THE FORM

Date: _____
Name of Institution: _____
Name of Student: _____
Address: _____
City State ZIP: _____
Telephone Number: _____ Email Address: _____
Name of Course or Program: _____

Please check mark each section when completed.

- _____ Toured the institution (not applicable to online institutions);
- _____ Received an institutional catalog and if provided electronically understands that the student may request a hard-copy of the catalog at any time;
- _____ Was given the time and opportunity to review the institutional policies in the catalog;
- _____ Knows the length of the program for full-time and part-time students in academic terms and actual calendar time;
- _____ Has been informed of the total tuition and other fees of the program;
- _____ Has been informed of the estimated cost of books and any required equipment purchases such as a computer, specialized tools, art supplies;
- _____ Has been given a copy of the institutional refund policy;
- _____ Has executed a Transfer of Credits Disclosure statement in compliance with Tenn. Code Ann. § 49-7-144 and understands the specific limitations should the institution have articulation agreements;
- _____ Understands any person claiming damage or loss as a result of any act or practice by this institution that is a violation of the Title 49, Chapter 7, Part 20 or Rule Chapter 1540-01-02 may file a complaint with the Tennessee Higher Education Commission, Division of Postsecondary State Authorization (DPSA). DPSA's address is 404 James Robertson Parkway, Parkway Towers Suite 1900, Nashville, TN 37243 and its telephone number is (615) 741-5293.
- _____ Has received and understands the institution's cash discount policy (applicable only to those institutions that have a cash discount policy).
- _____ Has received the most recent withdrawal, completion, and placement data as calculated by the Commission (see Rule 1540-01-02-.13(1)(j) for appropriate language). - *For institutions previously authorized by THEC and under new ownership.*

or

- _____ Understands that withdrawal, completion, and placement information is not currently available because the program has had zero students enrolled in the previous fiscal year. This information will be provided by THEC approximately one year after the program has students enrolled. - *For institutions that are currently authorized by THEC but zero students were enrolled in the program the previous fiscal year.*

or

- _____ Understands that this is a new program and placement, completion and withdrawal information will be provided by THEC approximately one year after the institution begins offering the program. - *For institutions that are offering a new program or institutions that are not currently authorized by THEC.*

Signature of Director

Date

Signature of Student

Date

TRANSFERABILITY OF CREDITS DISCLOSURE

Credits earned at [name of institution giving disclosure] may not transfer to another educational institution. [Credits/contact hours] earned at another educational institution may not be accepted by [name of institution giving disclosure]. You should obtain confirmation that [name of institution giving disclosure] will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at [name of institution giving disclosure] to determine if such institutions will accept credits earned at [name of institution giving disclosure] prior to executing an enrollment contract or agreement. The ability to transfer credits from [name of institution giving disclosure] to another educational institution may be very limited. Your credits may not transfer and you may have to repeat courses previously taken at [name of institution giving disclosure] if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended and you are advised to make certain that you know the transfer of credit policy of [name of institution giving disclosure] and of any other educational institutions you may in the future want to transfer the credits earned at [name of institution giving disclosure] before you execute an enrollment contract or agreement.

Signature of Student

Date