

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

**APPLICATION FOR INITIAL AUTHORIZATION OF A POSTSECONDARY EDUCATIONAL
INSTITUTION**

In accordance with [Rule 1540-01-02-.07\(2\)\(a\)\(18\)](#), the Division of Postsecondary State Authorization ("DPSA") of the Tennessee Higher Education Commission ("THEC") will not receive or review new Initial Authorization Applications ("IA") unless the institution has attended the mandatory Initial Application Training ("IAT"). Once the institution has attended the IAT, they will have one year, from the date of the training, to submit an IA. After one year, the institution must re-attend the IAT before they can submit an IA.

The IAT will be held quarterly. Institutions may register [HERE](#). The date for each quarterly meeting will be posted approximately thirty (30) days before the training. If you have questions, you may contact Stephanie Bellard Chase at stephanie.bellard@tn.gov or 615-532-7495.

A completed application must be submitted for each location. A handwritten application will not be accepted. 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 action pursuant to [Rule 1540-01-02-.22](#).

An IA and the related [Program Registration Request \("PRR"\)](#) will be accepted on a rolling basis and will be reviewed by Commission staff. Commission staff will recommend that the Executive Director award the institution provisional authorization, subject to ratification by the Commission at [a regularly scheduled meeting](#) when Commission staff determines that the institution:

1. meets the minimum standards for authorization;
2. has paid all required fees;
3. secured the required bond; and
4. has had a successful site visit.

When received, Commission staff shall determine whether an application is complete and notify the applicant if the application is incomplete. An applicant will have thirty (30) calendar days to complete an incomplete application. Incomplete applications include applications submitted without all applicable fees or in a format other than the prescribed format and applications missing a required attachment. An application that is not completed by the prescribed due date will be deemed withdrawn. Withdrawal of an application does not prevent the applicant from submitting a new application.

In the event the application fails to demonstrate that the institution complies with all requisite standards, Commission staff shall defer the application by providing written notice of the deficiencies to the applicant. If necessary, the institution will have two (2) opportunities to correct its application. If the institution does not meet the minimum standards after the second opportunity to submit corrections has been given, the application will be denied per [Rule 1540-01-02-.07\(2\)\(f\)](#). Denial of an application does not prevent the applicant from submitting a new application. However, if an application is denied, the institution may be required to attend the IAT before submitting a new IA.

Institutions receiving provisional authorization from the Executive Director must attend the Post Initial Authorization Training ("PIAT") following the Commission meeting during which the institution's provisional authorization is ratified. Future PIAT training dates can be found [HERE](#).

1. INSTITUTIONAL DATA

Date Attended the IAT: _____

Name of Attendee: _____

Title of Attendee: _____

Email of Attendee: _____

Institution Name (See [Rule 1540-01-02-.06\(5\)](#)): _____

Is Institution Name an Assumed Name or DBA?

☐ Yes (If yes, enter the institution legal name below):

☐ No

Physical Location Address

Address 1: _____

Address 2: _____

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

Institution Contact

Telephone No.: _____ Email: _____

Website: _____

Institutional Director

Name of the Institutional Director: _____

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

Email: _____

Alternate On-Site Contact

Name of Alternate or On-Site Contact: _____

Title: _____ Email: _____

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

CORPORATE CONTACT

Name of Corporate Contact: _____

Title: _____ Email: _____

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

Contact Person for this Application

Name: _____

Title: _____ Email: _____

Direct Telephone No.: _____ Direct Telephone No.: _____

2. INSTITUTIONAL ACCREDITATION DATA

The only accrediting agencies recognized by THEC are those approved by the U.S. Department of Education (USDOE). Refer to Rule 1540-01-02-.03(3).

2.a. Is the institution accredited?

☐ Yes ☐ No (If yes, provide evidence of institutional accreditation from an institutional accrediting agency recognized by the USDOE as Attachment 2).

2.a.i. First Accreditor Name: _____

2.a.ii. Highest Credential Level of Accreditation: _____

2.a.iii. Initial Accreditation Date: _____

2.a.iv. Accreditation Through Date: _____

2.a.v. Has there been any change in the accreditation status of the institution in the past year?

☐ Yes ☐ No (If yes, provide an explanation as Attachment 2.)

2.b. Does the institution have a second accreditor?

☐ Yes ☐ No (If yes, provide evidence of institutional accreditation from an institutional accrediting agency recognized by the USDOE as Attachment 2)

2.b.i. Second Accreditor Name: _____

2.b.ii. Highest Credential Level of Accreditation: _____

2.b.iii. Initial Accreditation Date: _____

2.b.iv. Accreditation Through Date: _____

2.b.v. Has there been any change in the accreditation status of the institution in the past year?

☐ Yes ☐ No (If yes, provide an explanation as Attachment 2.)

3. COMPLAINTS

3.a. 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?

☐ Yes ☐ No (If yes, provide an explanation as Attachment 3.)

3.b. Are there any legal actions pending by or against the parent institution or corporation?

☐ Yes ☐ No (If yes, provide an explanation as Attachment 3.)

3.c. Have any judgments or settlements been rendered in favor of or against the institution, or related legal entity, in the past year specific to Tennessee operations or Tennessee students?

☐ Yes ☐ No (If yes, provide an explanation as Attachment 3.)

3.d. Are any legal actions pending by or against the institution?

☐ Yes ☐ No (If yes, provide an explanation as Attachment 3.)

4. OWNERSHIP INFORMATION

4.a. In the drop-down box below, select the ownership structure that applies to the institution (If

selecting "Other" provide an explanation as Attachment 4.) Refer to Rule 1540-01-02-.03(39):

4.b. **Not-for-profit Corporations** - Provide the following information as Attachment 4:

- 4.b.i. The names and contact information for all members of the executive committee of the board of directors, indicating each member's board title. Contact information shall include full name, telephone number, email address, and mailing address.
- 4.b.ii. If applicable, a corporate tree or flowchart showing the institution's position to all affiliated legal entities.

4.c. **For-Profit Entities** - Provide the following information as Attachment 4:

- 4.c.i. A description of the ownership structure of the institution and, if applicable, a corporate tree or flowchart showing the institution's position in relationship to all affiliated legal entities.
- 4.c.ii. 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). Contact information shall include full name, telephone number, email address, and mailing address.

5. FACILITIES

5.a. Confirm that the facilities are at a location that meets the definition of location including evidence demonstrating that the location is commercially zoned and that possession of the location is stable such that the institution will be able to use the location for a minimum of one (1) year from the date of application. Month-to-month leases are not acceptable as stated in [Rule 1540-01-02-.03\(35\)](#).

☐ Yes ☐ No (If no, provide an explanation as Attachment 5.)

5.b. Using the below drop-down box, are the facilities at the physical location address:

5.b.i. If leased or donated, provide a copy of the lease or relevant agreement and if owned, provide proof of ownership as Attachment 5. If leased, the lease should comply with [Rule 1540-01-02-.07\(2\)\(a\)\(5\)](#).

5.b.ii. If leased, include the property manager's name, company, full address, phone number, and the beginning and end dates of the lease.

5.b.iii. If leased or donated, indicate the date of the expiration of the current lease or relevant agreement reflecting that the institution will be able to use the location for a minimum of one (1) year from the date of application: _____

5.c. Does the institution offer residential or blended instruction?

☐ Yes ☐ No (If yes, complete the below information.)

5.c.i. Indicate the number of spaces utilized as:

Classrooms _____ Studio _____ Breakroom _____ Lab/Clinical _____
Library _____ Field Training Space _____ Bathroom _____ Auditorium _____
Other _____

5.c.ii. Total square footage of space occupied: _____ sq. ft.

5.e. Will the institution offer instruction at a second location, for example, a CDL road driving lot, other than at the address listed in the information above?

☐ Yes ☐ No (If yes, provide an explanation as Attachment 5.)

6. FEDERAL STUDENT FINANCIAL AID INFORMATION (TITLE IV ELIGIBILITY)

6.a. Does the institution participate in federal student financial aid programs as defined by [Rule 1540-01-02-.03\(28\)?](#)

☐ Yes ☐ No

6.a.i. If yes, provide the [OPEID No.](#): _____,

6.b. Provide the following information as Attachment 6:

6.b.ii. The most recent independent audit with the federal financial composite score as described in [34 C.F.R. § 668.172](#);

6.b.iii. 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;

7. INSTITUTIONAL DIRECTOR

7.a. Provide the following information regarding the institutional director. Note that Institutions must maintain evidence of all instructor and administrative personnel qualifications on-site at the institution. See [Rule 1540-01-02-.16\(1\)](#).

7.a.i. Date Hired _____

7.a.ii. Home Address: _____

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

7.a.iii. Date of Birth _____

EDUCATION

7.b. High School: _____ Year Graduated: _____

City: _____ State: _____

7.c. List the four most recent institutions the institutional director attended:

Institution: _____ City / State: _____

Major / Minor: _____ Degree / Certificate: _____

Year Awarded: _____

Institution: _____ City / State: _____

Major / Minor: _____ Degree / Certificate: _____

Year Awarded: _____

Institution: _____ City / State: _____

Major / Minor: _____ Degree / Certificate: _____

Year Awarded: _____

Institution: _____

City / State: _____

Major / Minor: _____

Degree / Certificate: _____

Year Awarded: _____

7.d. Does the institutional director currently hold a professional certification or license?

☐

Yes

☐

No

(If yes, provide a copy of the current professional certification or license as Attachment 7.)

EXPERIENCE

7.e. List each position the applicant has held in the last seven (7) years, beginning with the most recent. If more space is needed, include the information as Attachment 7.

Name of Company / Institution: _____

Title: _____ Start Date: _____ End Date: _____

Description of Duties or Subjects Taught: _____

Name of Company / Institution: _____

Title: _____ Start Date: _____ End Date: _____

Description of Duties or Subjects Taught: _____

Name of Company / Institution: _____

Title: _____ Start Date: _____ End Date: _____

Description of Duties or Subjects Taught: _____

Name of Company / Institution: _____

Title: _____ Start Date: _____ End Date: _____

Description of Duties or Subjects Taught: _____

7.f. Will the institutional director serve as an instructor?

☐

Yes

☐

No

(If yes, list the courses to be taught and the credential-level of each course (e.g., certificate, diploma, associate, bachelors, masters, doctorate.)

7.f.i. Course Name: _____

Credential Level: _____

Course Name: _____

Credential Level: _____

Course Name: _____

Credential Level: _____

Course Name: _____

Credential Level: _____

7.g. Are any of the courses to be taught general education courses?

☐

Yes

☐

No

7.h. Select all that apply, the institutional director:

- ☐ is a graduate of an accredited postsecondary educational institution; **AND**
- ☐ has at least one (1) year experience in administration or institutional management; **OR**
- ☐ has total years of administration or institutional management experience in postsecondary education that equals at least five (5) years.

SUMMARY OF QUALIFICATIONS

7.i. If the institutional director is also serving as an instructor, complete the following (refer to Rule 1540-01-02-.16(5)):

7.i.i. Instructing at the doctorate level:

- ☐ holds a doctorate degree from a college or university; **AND**
- ☐ the doctorate degree is in a major or concentration in the subject area to be taught; **OR**
- ☐ has a minimum of one (1) year of practical experience within the last five (5) years in the subject area to be taught; **AND**
- ☐ has completed nine (9) semester hours or twelve (12) quarter hours of doctoral level courses in the subject.

7.i.ii. Instructing at the master's level:

- ☐ holds a master's or higher degree from a college or university; **AND**
- ☐ the masters or higher degree is in a major or concentration in the subject area to be taught; **OR**
- ☐ has a minimum of one (1) year of practical experience within the last five (5) years in the subject areas to be taught; **AND**
- ☐ has completed nine (9) semester hours or twelve (12) quarter hours of graduate level courses in the subject.

7.i.iii. Instructing at the baccalaureate level:

- ☐ holds a baccalaureate or higher degree from a college or university; **AND**
- ☐ the baccalaureate degree is in a major or concentration in the subject area to be taught; **OR**
- ☐ has a minimum of one (1) year of practical experience within the last five (5) years in the subject area to be taught; **AND**
- ☐ has completed nine (9) semester hours or twelve (12) quarter hours in the subject area to be taught.
- ☐ Additional years of documented experience in the subject area may be substituted for semester/quarter hour requirements. If relying on such experience, the institution must provide detailed explanation of the experience obtained and relevancy of the experience to the subject area to be taught and include this information as Attachment 7.

7.i.iv. Instructing at the associate level:

- ☐ meets the minimum requirements for doctorate, masters, or baccalaureate level

- (must complete the applicable credential level above as well); OR
- holds an associate degree from a postsecondary institution; AND
- ☐ the associate degree is with a concentration in the subject to be taught and one (1) year of practical experience; OR
- ☐ has a minimum of two (2) years of practical experience within the last five (5) years in the subject area to be taught; AND
- ☐ has completed nine (9) semester hours or twelve (12) quarter hours in the subject area to be taught.
- ☐ Additional years of documented experience in the subject area may be substituted for semester/quarter hour requirements. If relying on such experience, the institution must provide detailed explanation of the experience obtained and relevancy of the experience to the subject area to be taught and include this information as Attachment 7.

7.i.V. Diploma and certificate level courses or programs:

- ☐ meets the minimum requirements for doctorate, masters, baccalaureate, or associate level instruction (must complete the applicable credential level above as well); OR
- ☐ holds a high school diploma or GED and a certificate of completion from a postsecondary institution in a relevant subject area; AND
- ☐ has a minimum of three (3) years of practical experience within the last seven (7) years in the subject area to be taught.
- ☐ Additional years of documented experience in the subject area or licensure in the field may be substituted for the postsecondary educational requirements. If relying on such experience, the institution must provide detailed explanation of the experience obtained and relevancy of the experience to the subject area to be taught and include this information as Attachment 7.

7.i.VI. Instructing general education courses:

- ☐ holds a master's degree; OR
- ☐ holds a baccalaureate degree, but at least twenty-five percent (25%) of the general education staff has earned a master's degree or equivalent.

SANCTIONS

7.j. Has there been any sanctions against the applicant from any state or government agencies?

☒ Yes ☐ No (If yes, provide an explanation as Attachment 7.)

8. FINANCIAL STATEMENTS

All financial statements described below must be prepared by a certified public accountant ("CPA") or a bookkeeper certified by the National Association of Certified Public Bookkeepers. The financial professional must use the forms [HERE](#) along with the [instructions](#). Attach the below requested documents as Attachment 8.

8.a. As to institutions that are not currently operating a location in Tennessee or out-of-state:

- 8.a.i. A year-to-date balance sheet that demonstrates resources adequate to fund facilities maintenance and overhead, staff and faculty payroll, books, supplies or equipment utilized by students, and general operating costs for a minimum of ninety (90) calendar days, and
- 8.a.ii. A pro forma income statement 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 1540-01-02-.14\(5\)\(e\)](#); or

8.b. As to institutions that are currently operating a location in Tennessee or out-of-state:

- 8.b.i. A current balance sheet that demonstrates resources adequate to fund facilities maintenance and overhead, staff and faculty payroll, books, supplies or equipment utilized by students, and general operating costs for a minimum of ninety (90) calendar days, and
- 8.b.ii. A pro forma income statement 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 1540-01-02-.14\(5\)\(e\)](#) of these rules, and
- 8.b.iii. The most recent financial statements of all owners.

9. LICENSE OR AUTHORIZATION TO OPERATE IN HOME STATE

If the institution's primary location is a state other than Tennessee, provide a current copy of the institution's license or authorization to operate in that state or proof of exemption as Attachment 9. Primarily located means:

if accredited, the state recognized by the accreditor as the state in which the main campus or similarly designated campus is located; or

If unaccredited, the state where the main administrative or corporate office is located.

10. INSTITUTIONAL SURETY BOND

Complete the [Surety Bond for Postsecondary Institutions](#). See [Rule 1540-01-02-.09](#) for specific bond requirements. Attach a copy of the bond in PDF format, signed and notarized by all parties, as Attachment 10. The notarized document must be scanned in color or completed using an online notary.

11. 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 as Attachment 11.

12. PRE-ENROLLMENT CHECKLIST

Provide a copy of the institution's pre-enrollment checklist that complies with [Rule 1540-01-02-.13\(1\)](#) as Attachment 12. The required form as referenced in the Rule is [attached to this application](#).

13. ENROLLMENT AGREEMENT

Provide a copy of the institution's enrollmentt agreement that complies with [Rule 1540-01-02-13\(2\)](#) as Attachment 13.

14. 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](#), except that institutions offering contact /clock hours only may substitute the word contact for credit. 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.

15. INSTITUTIONAL CATALOG

Provide a copy of the institution's catalog as Attachment 15. In the below text boxes indicate 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](#).

- _____ Full and correct name and address of institution
- _____ Identifying data, such as catalog number and publication date
- _____ Table of contents
- _____ Names of owners and officers, and credential requirements for faculty
- _____ Institutional calendar, including holidays application and registration period and the beginning and ending dates of terms, courses, or programs
- _____ Institutional admissions procedures and entrance requirements, including late admissions, if permitted
- _____ Institutional attendance policy, including minimum attendance requirements, how attendance will be determined, the withdrawal policy, 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 and course requirements, including, if applicable, cleaning or similar tasks as described in Rule .08(7). Institutions that require students to complete cleaning or similar tasks as part of any program curriculum shall describe such tasks and explain how the tasks are reasonably related to the field for which the student is being prepared and are consistent with the types of tasks that the student would be expected to complete as part of the student's primary duties or functions when working in the field that the education is preparing the student to enter
- _____ Description of student services provided, including whether placement assistance is 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 last date of

attendance and, the time within which a refund will be provided,

_____ 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 is based on an evaluation of minimum standards concerning the provision 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 timeframe for the institution’s investigation of the complaint, the steps of the investigation and the timeframe and method for communicating the written decision to the student, 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 after exhausting the grievance process at the institution. THEC’s address is Tennessee Higher Education Commission, 312 Rosa L. Parks Ave., 9th Floor, Nashville, TN 37243 and its telephone number is 615.741.1346. See <https://www.tn.gov/thec/bureaus/student-aid-and-compliance/postsecondary-state-authorization/request-for-complaint-review.html>.”

_____ 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:

“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 to students

_____ ATB testing policies, if any, in accordance
with Rule .12(3) of these rules

16. PROGRAM REGISTRATION REQUESTS

The [Program Registration Request\(s\) \(PRR\)](#) **must** be submitted when submitting this application as explained in the PRR. How many PRR forms will the institution submit (the application must include at least one)? _____

17. AFFIRMATION OF THE INSTITUTIONAL DIRECTOR

I affirm the following are true:

- I understand 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.
- I have completed or reviewed this application in its entirety.
- I have read, understand, and will comply with the [Higher Education Authorization Act of 2016, as amended, Tenn. Code Ann. §§ 49-7- 2000, et seq.](#)
- I have read, understand, and will comply with the [Rules of the Tennessee Higher Education Commission, Chapter 1540- 01-02.](#)
- The information contained in this application and the attached documents is accurate.

Name: _____

Title: _____

Signature: _____

Date: _____

18. DIRECTOR'S STATEMENT OF INTENT

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 Commission staff 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 or owner in any postsecondary educational institution which ceased operation with a resulting loss of time or money for enrollees.

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.

Name: _____ Title: _____

Signature: _____ Date: _____

19. OWNER'S STATEMENT OF INTENT

OWNER'S STATEMENT OF INTENT

I, (name)_____ certify that the Institutional Director listed in this application has been given the authority to act as the primary administrator at this institution and, to the best of my knowledge, no principal party involved in the applying institution has ever been associated as a principal party or owner in any postsecondary educational institution which ceased operation with a resulting loss of time or money for enrollees.

I further understand that it is my responsibility to ensure that Commission staff 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.

Name: _____ Date: _____

Signature: _____
Signature of Owner, Chairperson of the Board or Corporate President

Title: _____

FEE PAYMENT

There is a \$3,000.00 Initial Authorization fee. To pay fees by credit card or debit card you will 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.

If you are unable to pay using a credit card or debit card, use the below referenced application filing instructions to submit the application and supporting documents. When requesting the filing instructions, request to also receive instructions on paying by check. Note that paying by check may delay the review of your application as DPSA will not begin the review of the application until DPSA receives and reconciles the fee payment. The reconciliation process may take two or more weeks.

APPLICATION SUBMISSION

When submitting the application and supporting documentation, email THEC.DPSA@tn.gov to request a secure TN Cloud link specific to the institution.

THE BELOW DOCUMENT INCLUDES NOTES IN RED FONT THAT SHOULD BE DELETED OR REPLACED WITH INSTITUTION SPECIFIC INFORMATION BEFORE SUBMITTING THE PRE-ENROLLMENT CHECKLIST

PRE-ENROLLMENT CHECKLIST
[INSTITUTION NAME AS AUTHORIZED BY THEC]
[INSTITUTION AUTHORIZED ADDRESS]
[INSTITUTION PHONE NUMBER]
[INSTITUTION EMAIL ADDRESS]

TO BE PLACED IN EACH STUDENT'S FILE ONCE THEY HAVE SIGNED AND DATED THE FORM

STUDENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone No.: _____ Email: _____

Name of Course or Expected Program of Enrollment: _____

Check each section when completed.

Toured the institution:

☐ In-person

☐ Virtually

☐ Not applicable because the institution provides only distance education.

_____ Received an institutional catalog and all addendums and attachments referenced therein. If the catalog and addendums/attachments are provided electronically understands that the student may request a hard copy of any of the documents 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 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 (DPSA) after exhausting the grievance process at the institution. DPSA's address is Tennessee Tower, 9th Floor, 312 Rosa L. Parks Ave., Nashville,

TN 37243-1102, its telephone number 615.253.7458. Refer to
<https://www.tn.gov/thec/bureaus/student-aid-and-compliance/postsecondary-state-authorization/request-for-complaint-review.html>.

**(NOTE TO INSTITUTION: DO NOT INCLUDE THE BELOW LANGUAGE UNLESS THE INSTITUTION HAS
A CASH DISCOUNT POLICY AND THE POLICY IS IN THE CATALOG AS REQUIRED BY RULE
1540-01-02-.11(1)(r).)**

_____Has received and understands the institution's cash discount policy.

**(NOTE TO INSTITUTION: FOR THE FINAL ITEM YOU MUST CONSULT RULE 1540-01-02-.13(1)(j)
AND SELECT THE LANGUAGE APPROPRIATE FOR THE INSTITUTION AND THE PROGRAM.)**

FOR INSTITUTIONS PREVIOUSLY AUTHORIZED BY THEC OR UNDER NEW OWNERSHIP:

_____Has received the most recent withdrawal, completion, and placement data as calculated by
the Commission.

OR

***FOR INSTITUTIONS THAT ARE CURRENTLY AUTHORIZED BY THEC BUT ZERO STUDENTS WERE ENROLLED
IN THE PROGRAM THE PREVIOUS FISCAL YEAR:***

_____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 institution reports
enrollment for this program.

OR

***FOR INSTITUTIONS THAT ARE OFFERING A NEW PROGRAM OR INSTITUTIONS THAT ARE NOT
CURRENTLY AUTHORIZED BY THEC:***

_____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.

Signature of Director

Date

Signature of Student

Date

TRANSFERABILITY OF [CREDITS/CONTACT HOURS/CLOCK HOURS] DISCLOSURE

Credits earned at [name of institution giving disclosure] may not transfer to another educational institution. [Credits/Contact/Clock 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