



Administrative Approval Form: Senior Management

A change or departure from the program information specified in the Institution’s most recently approved Authorization application must be approved by the Commission before implementation. Commission Staff may administratively approve a change in curriculum, instructional delivery method, or senior management, if the change is not significant.

Senior Manager Definition: An institution must have a designated supervisor who is directly responsible for the content and method of instruction, the selection, supervision, and evaluation of instructors, the organization of classes, the maintenance of facilities and equipment, the maintenance of proper scholastic records, and, if applicable, the operation of the online education learning management system.

Instructions: Complete this form and pay the \$200 application fee. Attach additional pages to this form, as necessary. Include the name of the program at the top of each additional page.

I. Institution Information:

Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Senior Management:

Attach additional pages to this form, as necessary. Include the name of the program at the top of each additional page.

Please fill out in full.			
YES	NO	DESCRIPTION	REQUIRED ACTION
<input type="checkbox"/>	<input type="checkbox"/>	1. Senior Management	<i>Resume/curricula vita</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. Position Description	<i>Attach Position Description of Senior Management</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. ACPE Consent of Release of Information	<i>Attached completed Consent of Release of Information</i>
<input type="checkbox"/>	<input type="checkbox"/>	4. Organization Chart	<i>Updated Organizational Chart</i>



All of the above (#1-4) require the following:

<input type="checkbox"/>	1	Describe rationale for the change in senior management.
<input type="checkbox"/>	2	Describe goals and aspirations for the Institution under your leadership.
<input type="checkbox"/>	3	What, if any, questions do you have for ACPE Institutional Authorization regarding operating a postsecondary educational institution in Alaska?

III. Certification:

I certify that all information provided is complete and accurate.

Signature: _____ **Date:** _____
 (Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____