

Amendment to Authorization: *Add Location*

Instructions: Please complete this form and attach all required materials **for each school site and building**. An Institution seeking to amend its Authorization due to adding a location must complete this application packet in its entirety, including providing all required supporting documentation.

Submit the application, fee, and all supporting materials to the address above at least 90 days prior to the quarterly Commission meeting at which the application will be considered (meetings are scheduled in January, April, July and October). If necessary, Commission staff will schedule a site visit once they have received and reviewed the completed application.

NOTE: Full text of the laws governing the delivery of postsecondary education in Alaska is contained in [Alaska Statute 14.48](#) and the [Alaska Administrative Code, Title 20, Chapter 17](#). All institutions should become familiar with those statutes and regulations.

AMENDMENT APPLICATION FEE:

The fee to amend the Authorization is \$750. If more than one site visit is required, there is a **\$500** fee for each site visit. All fees are non-refundable; make checks payable to: **Alaska Commission on Postsecondary Education**.

I. Institution Summary:

Institution Name: _____

New Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

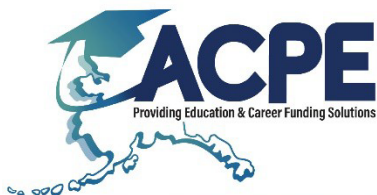
Name of Owner or CEO: _____ Phone Number: _____

Administrative Official Contact: _____ Phone Number: _____

Contact Email Address: _____ Institution's Web Address: _____

II. Amendment Checklist:

Checklist		
<input type="checkbox"/>	1	Site Information Form (<i>Appendix AR1</i>)
<input type="checkbox"/>	2	Budget Worksheet (<i>Below, Page 2</i>)
<input type="checkbox"/>	3	Certificate of Liability Insurance reflecting the site change/addition; institutions delivering specific types of instruction for which other types of insurance may be required must document having the appropriate insurance (the Alaska Commission on Postsecondary Institution must be listed as a certificate holder)
<input type="checkbox"/>	4	Faculty Worksheet for new faculty at the new location (<i>Appendix RA3</i>)
<input type="checkbox"/>	5	Program Worksheet for programs to be offered at new location (<i>Appendix RA6</i>)
<input type="checkbox"/>	6	List of program equipment at new location, including owned or leased status, as required under 20 AAC 17.095(c)
<input type="checkbox"/>	7	Sample of catalog updates regarding new location
<input type="checkbox"/>	8	Sample of marketing of new location



III. Budget Worksheet:

1. Required financial documentation

A	Description of financial resources that will support the new Location, including operational budget. Budget must include:	
<i>REVENUES</i>		
<input type="checkbox"/>	1	Anticipated enrollment by program and costs.
<input type="checkbox"/>	2	Will the increase in potential revenue impact the surety bond?
<i>EXPENSES</i>		
<input type="checkbox"/>	1	Lease
<input type="checkbox"/>	2	Utilities
<input type="checkbox"/>	3	Instructors salaries
<input type="checkbox"/>	4	Instructional materials and supplies
<input type="checkbox"/>	5	Instructional equipment purchase or rental
<input type="checkbox"/>	6	Other Operating Expenses
<input type="checkbox"/>	7	Other Occupancy Expenses
B	Information regarding potential impact to overall Institution's operations.	
<input type="checkbox"/>	1	Does this new location increase or decrease financial position of the Institution?
<input type="checkbox"/>	2	Will faculty be shared between locations?
<input type="checkbox"/>	3	Will faculty costs be shared between locations?
<input type="checkbox"/>	4	Where will student records be kept?
<input type="checkbox"/>	5	Is student housing included?

2. Is the location in partnership with another agency or location?

YES* NO *If **YES**, attach documentation of that arrangement.

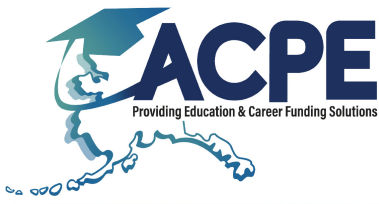
IV. Certification:

I certify that all information listed in the checklist above and included as part of this application is complete and accurate.

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

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Faculty Worksheet (Appendix RA3)

Instructions: In the space below, provide the name of each faculty member, their subject area and the level(s) they teach, the highest degree or level of education they hold, and if they are full time faculty. In addition, please **attach a copy of each core faculty member's credentials** to this form, including but not limited to resumes, C.V.'s, and professional licensing

I. General Information:

Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Faculty List: Attach additional pages to this form, as necessary.

Name of Faculty Member	Discipline/Program	Level Taught	Highest Degree or Level of Education Completed	Full Time?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

(Worksheet continued on Page 2)

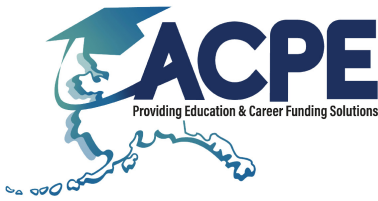
III. Certification:

I certify that all information provided is complete and accurate, and that all faculty members are of good reputation and character per AS 14.48.060(b)(10).

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

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Program Summary (Appendix RA6)

Instructions: List below all programs of study and majors, the clock or credit hours required, the credential awarded (certificate, diploma, or degree), and the total cost of tuition and fees for each program or major. Indicate if a change to the program is requested from what was previously approved. If so, complete a **Program Change Form** for each change requested. Attach a copy of the curriculum guide or syllabus for each program listed below that's changing.

NOTE: The programs/majors reported on this form must correspond with the programs/majors listed in school catalog.

I. General Information:

Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Program List: Attach additional pages to this form, as necessary.

Program or Major	Total Clock/ Credit Hours	Credential Earned	Total Tuition & Fees	Program Change? Check if YES & attach Program Change Form
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>

(Worksheet continued on Page 2)

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: _____

