

## **Amendment to Authorization: *Change in Mission***

**Instructions:** An institution seeking to amend its Authorization due to a change in mission 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.**

All fees are non-refundable; make check payable to: **Alaska Commission on Postsecondary Education.**

### **I. Institution Summary:**

Institution Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

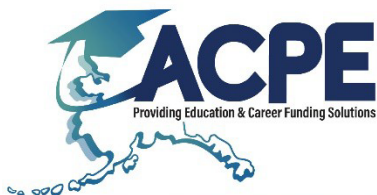
Name of Owner or CEO: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Administrative Official Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Institution's Web Address: \_\_\_\_\_

### **II. General Checklist:**

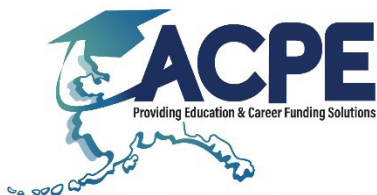
Checklist	
<input type="checkbox"/>	1 Provide current Mission Statement.
<input type="checkbox"/>	2 Provide new or updated Mission Statement.
<input type="checkbox"/>	3 How will the proposed change impact intent, mission, nature, culture, organization, and people of the institution?
<input type="checkbox"/>	4 What changes, if any, will occur in the mission statement and mission-related documents (vision, goals, and purpose)?
<input type="checkbox"/>	5 What changes, if any, will occur in the number, demographics and composition of the student body?
<input type="checkbox"/>	6 Specify the timeline used to implement the proposed change.



**III. Mission Change Worksheet:**

Attach the following information regarding change to institution.

<b>A. Institution's History</b>		
<input type="checkbox"/>	1	What experience, if any, has the institution had in changing its mission or student body?
<input type="checkbox"/>	2	What are the reasons and driving forces for the proposed change?
<b>B. Institutional Planning for Change of Mission or Student Body</b>		
<input type="checkbox"/>	1	What are the institution's plans to implement and sustain the proposed change?
<input type="checkbox"/>	2	What impact might the proposed change in mission or student body have on challenges identified as part of or subsequent to the last ACPE review and how has the institution addressed the challenge(s)?
<input type="checkbox"/>	3	What controls are in place to ensure that the information presented to all the constituencies in advertising, brochures, and other communicates will be accurate?
<input type="checkbox"/>	4	How does the institution ensure that financial planning and budgeting for the change are realistic (projected budgets, recent audit reports, revenue streams, cost of facilities, and projected facility and equipment costs)?
<b>C. Curriculum and Instructional Design</b>		
<input type="checkbox"/>	1	Describe the involvement of appropriately credentialed faculty and experienced staff necessary to accomplish the proposed change (curriculum development and oversight, evaluation of instruction, and assessment of learning outcomes).
<input type="checkbox"/>	2	What change, if any, will occur in the programs offered by the institution?
<b>D. Institutional Staffing, Faculty, and Student Support</b>		
<input type="checkbox"/>	1	What impact will the proposed change have on institutional staffing and support services? Explain any increases in faculty and staff, list any new, changed, or eliminated faculty or administrative positions.
<input type="checkbox"/>	2	What impact will the proposed change have on faculty workload and overall composition of the faculty (full-time or part time)?
<input type="checkbox"/>	3	In light of the new mission or student body, describe how the institution will make learning resources and support services availability to students (student support services, library resources, academic advising, and financial aid counseling)?
<b>E. Evaluation</b>		
<input type="checkbox"/>	1	Describe the expected outcomes of the proposed change and the process and measures the institution will use to document the achievement.



<b>F. Will this change require approval from an accrediting body?</b>		
<input type="checkbox"/>	YES	
<input type="checkbox"/>	NO	
<b>G. Will there be changes to the facility or equipment needed?</b>		
<input type="checkbox"/>	YES	
<input type="checkbox"/>	NO	
<b>H. Student Resources</b>		
<input type="checkbox"/>	1	Attach new catalog.

**IV. Certification:**

I certify that all the 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: \_\_\_\_\_