

## Application for Renewal of Authorization

**Instructions:** The Application for Renewal of Authorization to operate a postsecondary institution in Alaska must be submitted in its entirety using the checklist below. A list of all required documentation is provided within each section.

**\*Submit the application and all supporting materials to [eed.acpe-ia@alaska.gov](mailto:eed.acpe-ia@alaska.gov) via [ZendTo](#) 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). In addition to reviewing the application materials, Commission staff will schedule a site visit during the application period.

**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.

### I. General Information:

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

Individual Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

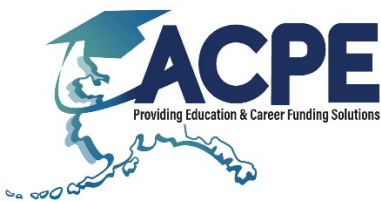
### II. Required Documentation: If an item does not apply, leave blank

#### 1. Administrative Summary for Postsecondary Institutional Authorization (Appendix RA1):

		Required Documents
<input type="checkbox"/>	A	Evidence of accreditation, regulatory body approval (BoBH, DMV, BoMT), or other affiliations
<input type="checkbox"/>	B	<u>Other:</u> Any additional information or documentation that may materially impact eligibility for Authorization or Renewal
<input type="checkbox"/>	C	Business and Corporation Licensing
<input type="checkbox"/>	D	List of the Institution's Governing Board or Board of Directors, and, if applicable, a list of all shareholders holding 10% or more of outstanding shares
<input type="checkbox"/>	E	Consent for Release of Information ( <b>Appendix RA2</b> ) for all owners and senior administrative officials

#### 2. Faculty/Instructor:

		Required Documents
<input type="checkbox"/>	A	Faculty Worksheet ( <b>Appendix RA3</b> ), including applicable licenses to teach



### 3. Facilities and Equipment:

Required Documents		
<input type="checkbox"/>	A	Lease or Contractual Agreement

### 4. Finances (Appendix RA4):

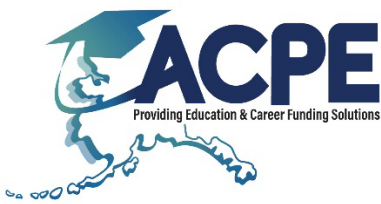
Required Documents		
<input type="checkbox"/>	A	<u>CPA audited, unaudited financial statements</u> for most recently completed fiscal year, or requirements satisfied during Annual Reporting
<input type="checkbox"/>	B	Sources of Funding Worksheet ( <b>Appendix RA5</b> )

### 5. Student Resources:

Required Documents		
<input type="checkbox"/>	A	Program Summary ( <b>Appendix RA6</b> )
<input type="checkbox"/>	B	Program Change Form ( <b>Appendix RA7</b> ) – <i>Optional</i>
<input type="checkbox"/>	C	School Catalog Checklist ( <b>Appendix RA8</b> ) – <i>Attach to school catalog or brochure</i>
<input type="checkbox"/>	D	School Handbook – <i>If Applicable</i>
<input type="checkbox"/>	E	<u>Non-collegiate institutions only:</u> Enrollment Contract Checklist ( <b>Appendix RA9</b> ) – <i>Attach to enrollment contract sample</i>

### 6. Specimen of Copies of Published Materials:

Required Documents					
<input type="checkbox"/>	A	Schedule of classes	<input type="checkbox"/>	F	Grade report forms- <i>Optional</i>
<input type="checkbox"/>	B	Enrollment/registration forms	<input type="checkbox"/>	G	Leave of absence forms – <i>Optional</i>
<input type="checkbox"/>	C	Admission application	<input type="checkbox"/>	H	Drop/add/program amendment forms- <i>Optional</i>
<input type="checkbox"/>	D	Tuition/fee/payment contracts or promissory notes	<input type="checkbox"/>	I	Certificate of completion or diploma- <i>Optional</i>
<input type="checkbox"/>	E	Academic transcript/student records- <i>Optional</i>	<input type="checkbox"/>	J	Entrance examinations – <i>Optional</i>



## 7. Updates from Institution:

		Required Documents
<input type="checkbox"/>	A	<p>Due to Renewal of Institutional Authorizations being granted for up to five years, <b>share with ACPE any aspirations or goals the Institution seeks to achieve during that timeline and accomplishments since its last renewal</b> (ACPE's goal is to remain a supportive and guiding partner for the Institution as it delivers education to Alaskans.)</p> <p><i>*Content may include, but is not limited to: Goals and aspirations for enrollment, program expansion or consolidation, Institutional strengths and challenges, student demographic trends.</i></p>

## III. Optional Documentation: if there are changes from Institution's last Renewal of Authorization (Appendix RA10)

### 1. Administrative Summary Supporting Documents:

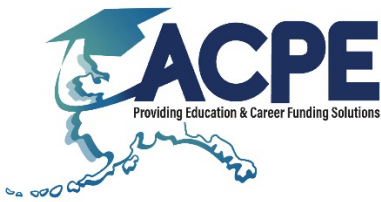
		Required Documents
<input type="checkbox"/>	A	Mission statement (identify the institution's purpose, goals, and objectives)
<input type="checkbox"/>	B	Identified need for the institution and prospective student pool
<input type="checkbox"/>	C	<b>If Corporation:</b> Copy of the Articles of Incorporation and bylaws
<input type="checkbox"/>	D	<b>If 501(c)(3):</b> Copy of the IRS Letter of Determination
<input type="checkbox"/>	E	Brief summary of the institution's historical development and background

### 2. Administrative Overview:

		Required Documents
<input type="checkbox"/>	A	List of key administrative positions and organizational structure
<input type="checkbox"/>	B	Resumes/Curricula Vitae for senior administrators

### 3. Faculty/Instructor:

		Required Documents
<input type="checkbox"/>	A	Selection criteria for new faculty/instructors
<input type="checkbox"/>	B	Evaluation plan for faculty/instructors
<input type="checkbox"/>	C	Employment policy for interim, substitute, and temporary instructors



**4. Facilities and Equipment:**

Required Documents		
<input type="checkbox"/>	A	Evidence of facility ownership
<input type="checkbox"/>	B	Detailed facility floor plan, including dimensions, functional use, and number of students to be accommodated
<input type="checkbox"/>	C	List of equipment, including owned or leased status

**5. Liberty and Learning Resources:**

Required Documents		
<input type="checkbox"/>	A	Description of location and availability
<input type="checkbox"/>	B	List of holdings, including volumes, periodicals, computer terminals, software, etc.

**6. Marketing Materials:**

Required Documents		
<input type="checkbox"/>	A	Institutional marketing plan and samples of marketing documents.

**7. Meningitis Form:**

Required Documents		
<input type="checkbox"/>	A	Meningitis Form provided to students.

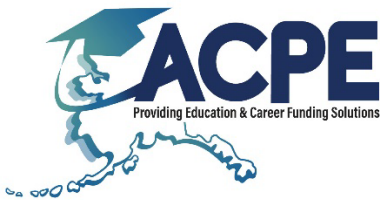
**III. Certification:**

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: \_\_\_\_\_



## Administrative Summary for Postsecondary Institution Authorization (Appendix RA1)

**Instructions:** Please complete the following administrative summary and attach all required supporting documents.

### I. Administrative Summary:

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

Institution Type: \_\_\_\_\_

Business License Number: \_\_\_\_\_

Accreditation or Approval Body: \_\_\_\_\_

Licensing or approval Body: \_\_\_\_\_

### FISCAL YEAR (FY):

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

FY Total Enrollments: \_\_\_\_\_

### ACADEMIC YEAR:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### ADDRESS INFORMATION:

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

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

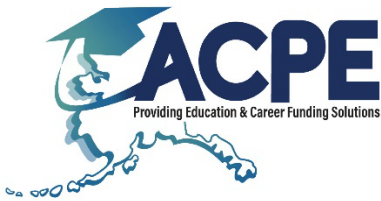
### CONTACT INFORMATION:

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

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

Contact Email Address: \_\_\_\_\_

Institution's Website Address: \_\_\_\_\_



**Alaska Commission on Postsecondary Education**  
**INSTITUTIONAL AUTHORIZATION**

P.O. Box 110505  
Juneau, Alaska 99811-0505

Phone: 907.465.6741 | Fax: 907.465.5316  
acpe.alaska.gov | EED.ACPE-IA@alaska.gov

**II. Supporting Documentation:** Provide the following information as separate documentation and attach to this form.

		Required Documents
<input type="checkbox"/>	A	Business License
<input type="checkbox"/>	B	Corporation License
<input type="checkbox"/>	C	<u>Other:</u> Any additional information or documentation that may materially impact eligibility for authorization or renewal
<input type="checkbox"/>	D	Evidence of accreditation or regulatory bodies
<input type="checkbox"/>	E	List of the institution's Governing Board or Board of Directors, and, if applicable, a list of all shareholders holding 10% or more of the shares outstanding

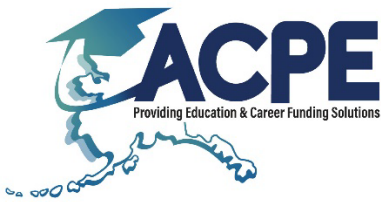
**III. Certification:**

I certify that all information provided is complete and accurate, and I have disclosed any additional information that may impact or inform the Commission's consideration of this institution's application for authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_



## Consent of Release of Information (Appendix RA2)

**Instructions:** This form must be filled out and submitted for all owners and senior administrative officials.

**NOTE:** A photocopy of this release is to be honored as if it were an original.

### I. Authorization Statement:

I, \_\_\_\_\_ (**Complete Name**), hereby authorize the Alaska Commission on Postsecondary Education (ACPE) and/or its agents to obtain a credit report and make an independent investigation of my background, references, character, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming evidence of satisfactory reputation of business and professional integrity.

As an owner or a senior official of \_\_\_\_\_ (**Name of Institution/ Corporation**), I release ACPE or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits relative to the information obtained from any and all of the above referenced sources used.

### II. Personal Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

### III. Address Information:

**Current Physical Address:** \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long at this address?: \_\_\_\_\_ Years \_\_\_\_\_ Months

**Former Physical Address:** \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long at this address?: \_\_\_\_\_ Years \_\_\_\_\_ Months

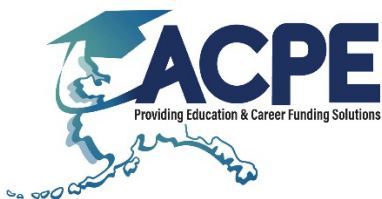
### IV. Contact Information:

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### V. Certification:

I certify that all information listed in the checklist above and included as part of this application is complete and accurate. I certify that all information provided is true and correct to the best of my knowledge. I release ACPE or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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"/>
				<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"/>
				<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).

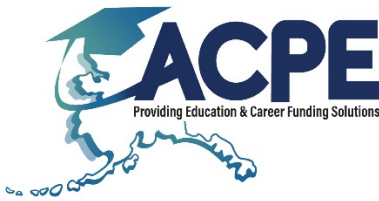
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_







## Financial Statements Worksheet (Appendix RA4)

**Instructions:** Check the box and attach the appropriate CPA audited/unaudited financial statements for the most recently completed fiscal year, or if the requirements have been satisfied during the Annual Reporting processes. It is recommended prior to the institution engaging in any agreed upon work with an independent licensed certified public accountant that the institution research the CPA or the agency they work for, is licensed under the State of Alaska, Board of Public Accountancy.

### I. General Information:

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

Individual Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. Financial Statement: Check the appropriate boxes and attach supporting documentation

**NOTE:** Financial statements must include, at a minimum:

1. An accountant's report or opinion letter;
2. A balance sheet;
3. An income statement;
4. A statement of cash flows; and
5. Notes to the financial statements

Financial Report Type	
<input type="checkbox"/>	A An institution with annual tuition revenues of <b>more than \$300,000</b> (from all sources) must submit an independent licensed certified public accountant's <b>audit</b> report stating financial statements for the most recently completed fiscal year were prepared in conformity with GAAP.
<input type="checkbox"/>	B An institution with annual tuition revenues of <b>more than \$200,000, but less than \$300,000</b> (from all sources) may submit a <b>review</b> report with full disclosure, including an accountant's cover letter stating that the institution's financial statements for the most recently completed fiscal year were prepared in conformity with Generally Accepted Accounting Principles (GAAP); the report must be prepared by an independent accounting service that is licensed as a business.
<input type="checkbox"/>	C An institution with annual tuition revenues of <b>less than \$200,000</b> (from all sources) may submit a <b>compilation</b> report with full disclosure, including an accountant's cover letter stating that the institution's financial statements for the most recently completed fiscal year were prepared in conformity with Generally Accepted Accounting Principles (GAAP); the report must be prepared by an independent accounting service that is licensed as a business.

☐ Institution submitted financial statements for Annual Reporting requirements that fulfill the requirements for Renewal of Authorization. ***Institutions are advised to ensure they are in compliance with 20 AAC 17.102 prior to checking this box, as the type of financial statement reported for Annual Reporting may or may not fulfill the requirements for a Renewal of Authorization. If need be, please contact ACPE staff with questions.***

### III. Certification:

I certify that all information provided is complete and accurate.

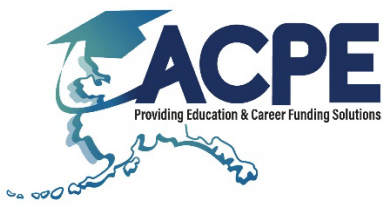
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_







## 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 <b>YES</b> & 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:

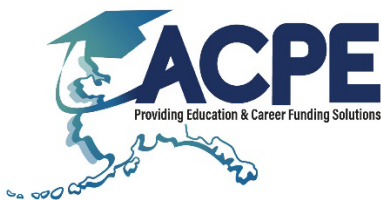
I certify that all information provided is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner or Administrative Official)

Printed Name of Administrative Official: \_\_\_\_\_

Title of Administrative Official: \_\_\_\_\_





## Program Change Form (Appendix RA7)

**Instructions:** Complete this form for each program being amended or added.

### I. General Information:

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

Individual Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. Program Information:

Name of Program: \_\_\_\_\_

Total Clock/Credit Hours: \_\_\_\_\_ Credential: \_\_\_\_\_

Mode of Delivery: ☐ On-Ground ☐ On-Line ☐ Combination

Tuition: \$\_\_\_\_\_ Fees (Itemized): \$\_\_\_\_\_ Total Tuition & Fees: \$\_\_\_\_\_

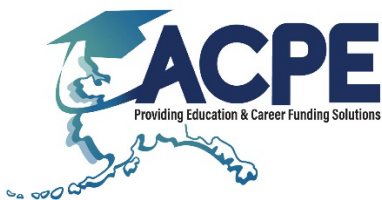
Proposed Program Start Date: \_\_\_\_\_ Faculty/Student Ratio: \_\_\_\_\_

**PROGRAM LENGTH** In Weeks: \_\_\_\_\_ In Months: \_\_\_\_\_ In Years: \_\_\_\_\_

### III. Addition Documentation: Submit the following supporting documentation in its entirety

- Complete and submit section I & II of the Program Change Form, detailed above.
- Program Overview:

Required Documentation		
<input type="checkbox"/>	A	Brief description for the course and program objective.
<input type="checkbox"/>	B	Requirements for admission.
<input type="checkbox"/>	C	Curriculum and syllabi for all new courses under the program
<input type="checkbox"/>	D	Copy of the <b>draft catalog addendum</b> that includes, at a minimum (if applicable): <i>program description/ objectives, clock and/ or credit hours required to complete the program, licensing or certification requirements to practice in the field</i>
<input type="checkbox"/>	E	List of assigned textbooks or learning materials for the program.
<b>If applicable, submit the following information on the practicum, externship/internship:</b>		
<input type="checkbox"/>	F	Copy of the externship/internship agreement that clearly explains the student's goals/responsibilities <u>and the</u> externship/internship site's responsibilities.
<input type="checkbox"/>	G	Provide the evaluation criteria which will be used by the employer or supervisor to assist in evaluating the student's attainment of the training objectives.
<input type="checkbox"/>	H	A certificate of insurance demonstrating adequate liability coverage at the externship site, per <i>20 AAC 17.060(g)</i> .
<input type="checkbox"/>	I	If an externship, provide a list of available extern sites.



3. Library, Facility, and Equipment:

		Required Documentation
<input type="checkbox"/>	A	Evidence of adequate resource and instructional materials for the needs of the new program.
<input type="checkbox"/>	B	Description of changes to the facility and evidence that all equipment needed for the new program is in good working order.
<input type="checkbox"/>	C	List of the fixed equipment required to offer the program. <u>Identify separately</u> equipment, materials, etc. required for the student.

4. Faculty:

		Required Documentation
<input type="checkbox"/>	A	Resumes and copies of all applicable degrees, licenses and certifications of instructors or faculty.
<input type="checkbox"/>	B	Provide the <b>Instructor or Faculty Standards</b> to demonstrate compliance with 20 AAC 17.090(b) or 20 AAC 17.245.

5. Graduation:

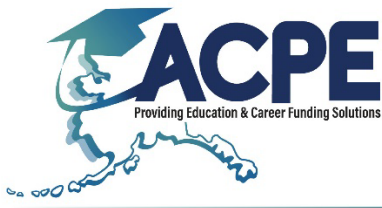
		Required Documentation
<input type="checkbox"/>	A	Submit the requirements for graduation.
<input type="checkbox"/>	B	Complete information on local, state or national requirements for graduates to practice.
<input type="checkbox"/>	C	Market research summary/industry career opportunities information for program. <b>Include the following:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Information on job opportunities</li> <li><input type="checkbox"/> Industry outlook</li> <li><input type="checkbox"/> Starting salaries</li> <li><input type="checkbox"/> Potential Employers for graduates</li> </ul>
<input type="checkbox"/>	D	Copy of diploma, certificate or degree for the proposed new program.

6. Finances:

		Required Documentation
<input type="checkbox"/>	A	Description of financial resources that will support the new program, including operational budget.
<input type="checkbox"/>	B	Information regarding potential impact to Institutional surety bonding (see <i>Determination of Liability Worksheet</i> ).

7. Governance: **Has the institutions accreditor or regulating body been notified of this new program?** ☐ YES ☐ NO





**Alaska Commission on Postsecondary Education**  
**INSTITUTIONAL AUTHORIZATION**

P.O. Box 110505  
Juneau, Alaska 99811-0505

Phone: 907.465.6741 | Fax: 907.465.5316  
acpe.alaska.gov | EED.ACPE-IA@alaska.gov

8. Marketing:

Required Documentation		
<input type="checkbox"/>	A	Copy of marketing materials

9. Additional information that may be deemed necessary or appropriate:

<input type="checkbox"/>	A	<b>Attach additional pages to this form, as necessary.</b> Include the name of the program at the top of each additional page.

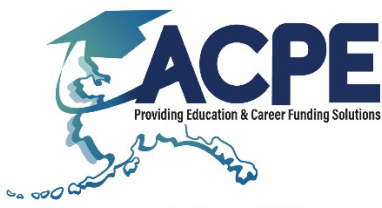
**III. Certification:**

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: \_\_\_\_\_



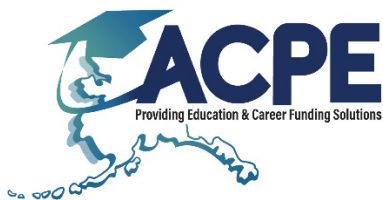
## School Catalog Checklist (Appendix RA8)

**Instructions:** Please use the following checklist to ensure all required information is included in the institution's catalog. An institution must provide prospective students with an up-to-date copy of its catalog or brochure, as stated in 20 AAC 17.075.

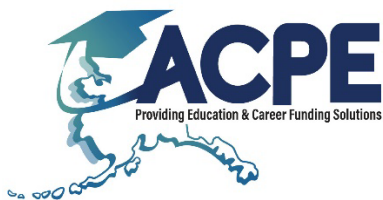
### I. Checklist:

Attach this checklist to the front of the catalog and include it with the application materials. Indicate the page number where each item may be found.

Page #		School Catalog Requirements
#	<input type="checkbox"/>	<b>1. Educational philosophy and institutional objectives</b> set out in clear, complete, and plain language, including measurable goals and/or outcomes
#	<input type="checkbox"/>	<b>2. Date of catalog publication</b> and the time for which the information contained is in effect
#	<input type="checkbox"/>	<b>3. Name and address of the place of instruction and administrative offices</b>
#	<input type="checkbox"/>	<b>4. Names and titles of the administrative and instructional staff</b>
#	<input type="checkbox"/>	<b>5. Admissions policy and regulations</b> , including any prerequisites for enrollment such as general requirements or program requirements, general and program-specific prerequisites, and entrance tests
#	<input type="checkbox"/>	<b>6. Academic policies</b> , including: <ul style="list-style-type: none"> <li>a. Prerequisites for enrollment, including potential barriers to employment (<u>20 AAC 17.060(e)</u>)</li> <li>b. Policy for measurement of student progress, including grading system</li> <li>c. Minimum grades considered to meet satisfactory progress</li> <li>d. Conditions and consequences of a student's probationary status, suspension, dismissal, and readmission</li> <li>e. Conditions of reentrance for students dismissed for unsatisfactory progress</li> </ul>
#	<input type="checkbox"/>	<b>7. Attendance policy</b> , including definition of excused and unexcused absences and the number of absences resulting in dismissal of a student for unsatisfactory attendance
#	<input type="checkbox"/>	<b>8. Leaves of Absence policy</b> (optional) - if offered, the policy and forms <i>must comply with</i> <u>20 AAC 17.111</u>
#	<input type="checkbox"/>	<b>9. Student conduct policies</b> defining unsatisfactory conduct and the conditions for dismissal for unsatisfactory conduct
#	<input type="checkbox"/>	<b>10. Tuition payment and refund policies</b> ( <i>must comply with</i> <u>20 AAC.17.115</u> ), as well as <b>a schedule of the student's cost of attendance</b> to include, if applicable: <ul style="list-style-type: none"> <li>a. Tuition</li> <li>b. Fees</li> <li>c. Books</li> <li>d. Supplies</li> <li>e. Equipment</li> <li>f. Services</li> <li>g. Rentals</li> <li>h. Deposits</li> <li>i. Housing</li> <li>j. Costs for testing or licensure for entry into field or profession</li> </ul>
#	<input type="checkbox"/>	<b>11. Description of the school's facility or campus</b> , including facility maintenance and operation services



#	<input type="checkbox"/>	<b>12. Description of each course, and each certificate or degree program to include:</b>  <b>a.</b> Specific instructional objectives, and type of instruction or delivery method <b>b.</b> Specific course or program prerequisites <b>c.</b> Total length of program (accredited institutions may use semester or quarter credit hours; non-accredited institutions must specify length in clock hours) <b>d.</b> Program content outline with course descriptions and lengths <b>e.</b> Minimum requirements necessary for successful completion of the program <b>f.</b> Minimum requirements for entrance into the particular vocational field for which the student seeks training and a description of the occupational entry level at which the student can reasonably expect to be prepared for upon successful completion of the training (for vocational programs only)
#	<input type="checkbox"/>	<b>13. Description of minimum requirements to complete program of study/graduate</b> <i>(must comply with AS 14.48.060(b)(4) and 20 AAC 17.075(17))</i>
#	<input type="checkbox"/>	<b>14. Academic/school calendar</b>
#	<input type="checkbox"/>	<b>15. If offered, describe the extent and nature of all student services,</b> including academic advising, financial aid, career planning and placement, and student activities and organizations
#	<input type="checkbox"/>	<b>16. Advanced standing and course challenge or waiver policies and procedures,</b> if any
#	<input type="checkbox"/>	<b>17. Grievance policy,</b> including availability of appeal to the Commission
#	<input type="checkbox"/>	<b>18. Prominent statement that no school can guarantee that its credits or programs are transferable,</b> and a clear statement that transfer of credits is always at the discretion of the receiving institution.
#	<input type="checkbox"/>	<b>19. A statement describing where student records are maintained</b> and how the student may access them
#	<input type="checkbox"/>	<b>20. If a placement service or employment assistance is offered to graduates, describe the extent and nature of the service or assistance,</b> including the most recently calculated placement rate <i>(must comply with 20 AAC 17.070(i))</i>



## **Enrollment Contract Checklist (Appendix RA9)**

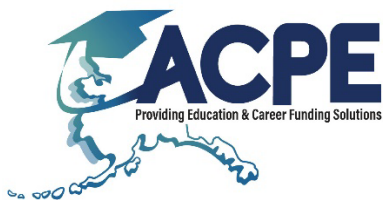
### ***Non-Collegiate Institutions Only***

**Instructions:** An institution enrolling students in a non-collegiate program must provide a contract to be signed by the student and the institution on or before the date the student begins training or pays any non-refundable deposit, tuition, or fee, in accordance with **20 AAC 17.085**. Please use the following checklist to ensure all required information is included in the institution's enrollment contract.

**NOTE:** Revisions to the Enrollment Contract, including to the curriculum or dates of instruction, must be documented by a revised enrollment contract, or Commission-approved alternative form, on or before the date of implementation of any revisions.

#### **I. Checklist:**

Enrollment Contract Requirements										
<input type="checkbox"/>	<b>1. Must be separate and distinct</b> from any other document and <b><u>clearly labeled as a contract</u></b>									
<input type="checkbox"/>	<b>2. Name and address of institution</b>									
<input type="checkbox"/>	<b>3. Name and description of each course of study, including:</b> <ul style="list-style-type: none"> <li><b>a.</b> Starting and completion dates of instruction</li> <li><b>b.</b> Number of hours of classroom instruction, distance instruction, and homework</li> <li><b>c.</b> Days and hours of required attendance</li> </ul>									
<input type="checkbox"/>	<b>4. Total cost of course or program, to include (if applicable):</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><b>a.</b> Tuition</td> <td style="width: 33%;"><b>d.</b> Supplies</td> <td style="width: 33%;"><b>g.</b> Housing</td> </tr> <tr> <td><b>b.</b> Fees</td> <td><b>e.</b> Equipment</td> <td><b>h.</b> Deposits</td> </tr> <tr> <td><b>c.</b> Books</td> <td><b>f.</b> Rentals</td> <td><b>i.</b> Costs for testing or licensure</td> </tr> </table>	<b>a.</b> Tuition	<b>d.</b> Supplies	<b>g.</b> Housing	<b>b.</b> Fees	<b>e.</b> Equipment	<b>h.</b> Deposits	<b>c.</b> Books	<b>f.</b> Rentals	<b>i.</b> Costs for testing or licensure
<b>a.</b> Tuition	<b>d.</b> Supplies	<b>g.</b> Housing								
<b>b.</b> Fees	<b>e.</b> Equipment	<b>h.</b> Deposits								
<b>c.</b> Books	<b>f.</b> Rentals	<b>i.</b> Costs for testing or licensure								
<input type="checkbox"/>	<b>5. Clear and conspicuous statement that the contract is legally binding instrument</b> when signed by the student and signed and accepted by the institution									
<input type="checkbox"/>	<b>6. Clear and conspicuous caption, "Student's Right to Cancel,"</b> under which it is explained that the student has the right to cancel the enrollment contract with full refund of all tuition until the institution's close of business on the first day of instruction									
<input type="checkbox"/>	<b>7. Procedure for cancellation</b> of the student's enrollment contract									
<input type="checkbox"/>	<b>8. Clear and conspicuous statement that the institution, as signatory on the enrollment contract, is subject to all claims and defenses of the student</b> or the student's successors in interest arising under the contract									
<input type="checkbox"/>	<b>9. Complete list of payment options or discount plans;</b> if tuition payment options include financial aid from the school or from third parties, the school must disclose its disbursement requirements									
<input type="checkbox"/>	<b>10. Refund policy,</b> conditions necessary for obtaining a refund, and the procedure required for obtaining a refund ( <i>must comply with <u>20 AAC 17.115</u></i> )									
<input type="checkbox"/>	<b>11. Documentation that the institution received a copy of the student's government-issued photographic identification, and a statement that the institution will maintain a legible copy of the identification in the student's file</b>									
<input type="checkbox"/>	<b>12. The enrollment contract <u>MAY NOT</u> contain:</b> <ul style="list-style-type: none"> <li><b>a.</b> Student waiver of right to assert against the institution, or the institution's assignee, any claim or defense the student may have against the school arising under the contract</li> <li><b>b.</b> Wage assignment provision</li> <li><b>c.</b> Confession of judgment clause</li> </ul>									



## Optional Documentation Worksheet (Appendix RA10)

**Instructions:** In the space below, identify if there has been a change in the corresponding areas by checking Yes or No. If there have been changes, please attach the appropriate documentation related to the change(s).

### I. General Information:

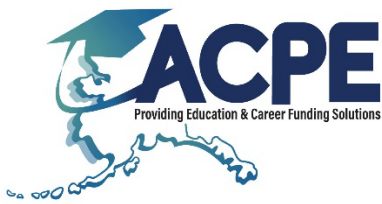
Institution Name: \_\_\_\_\_

Individual Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### II. Worksheet: If "YES," please attach related documentation

Attach additional pages to this form, as necessary.

Documents	Has there been changes to the following documents?	
	YES	NO
<b>1. Administrative Summary Supporting Documentation</b> <ul style="list-style-type: none"> <li>a. Mission statement (identify the institution's purpose, goals, and objectives)</li> <li>b. Identified need for the institution and prospective student pool</li> <li>c. If Corporation, a copy of the Articles of Incorporation and bylaws</li> <li>d. If 501(c)(3), a copy of the IRS Letter of Determination</li> <li>e. Brief summary of the institution's historical development and background</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Administrative Overview</b> <ul style="list-style-type: none"> <li>a. List of key administrative positions and organizational structure</li> <li>b. Resumes/Curricula Vitae for senior administrators</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Faculty/Instructor</b> <ul style="list-style-type: none"> <li>a. Selection criteria for new faculty/instructors</li> <li>b. Evaluation plan for faculty/instructors</li> <li>c. Employment policy for interim, substitute, and temporary instructors</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Facilities &amp; Equipment</b> <ul style="list-style-type: none"> <li>a. Evidence of facility ownership</li> <li>b. Detailed facility floor plan, including dimensions, functional use, and number of students to be accommodated</li> <li>c. List of equipment, including owned or leased status</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Library and Learning Resources</b> <ul style="list-style-type: none"> <li>a. Description of location and availability</li> <li>b. List of holdings, including volumes, periodicals, computer terminals, software, etc.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Marketing Materials</b> – Institutional marketing plan and samples of marketing documents	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Meningitis Form</b> – Meningitis Form provided to students.	<input type="checkbox"/>	<input type="checkbox"/>



### 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: \_\_\_\_\_