STATE OF GEORGIA

NONPUBLIC POSTSECONDARY EDUCATION COMMISSION

APPLICATION FOR CERTIFICATE OF AUTHORIZATION

1. Name of Institution

2. Telephone Number(s)

3. Complete Mailing Address

4. Principal Owner(s)

5. President or Director

6. Check Type of Institution

- ☐ Located in State of Georgia
- ☐ Located out of State
- ☐ Residence
- ☐ Correspondence or Distance Ed
- ☐ Other (Please describe below)

7. Indicate Ownership Type

- ☐ Individual
- ☐ Partnership
- ☐ Corporation
  State: _____ Date: _____
- ☐ Other (Please describe below)

8. Check all that apply

- ☐ Initial Authorization
- ☐ Reauthorization
- ☐ Change of Ownership
- ☐ Degree Granting
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctor's Degree
- ☐ Nondegree or Certificate

9. Name of Bonding Company | 10. Bond Number | 11. Amount of Bond | 12. Bond Expiration Date

13. Year Founded | 14. Yrs. in Ga. | 15. Head Count | 16. Gross Tuition | 17. Institutional Accreditations (document)

18. Lists of Required Information (Attach additional plain sheets if necessary)

A. Agents (List names and social security numbers below and provide an "Application for Agent's Permit" for each

B. Administrative Personnel (List names, social security numbers, and titles of all administrative staff members. Attach Exhibit A for each person listed.

C. Programs of Instruction (List accurate, complete, program titles. Submit Exhibit E forms for all programs.

19. Certification

I certify that all of the information in this application and all attachments are true, complete and correct to the best of my knowledge and belief. I further certify that the administrative staff, directors, owners, instructors and agents are of good reputation and character. I also certify that all facilities used or sponsored by the institution comply with all local, municipal, county, state, and federal regulations. I also certify that I will abide by the Nonpublic Postsecondary Educational Institutions Act and the regulations and standards adopted by the Nonpublic Postsecondary Education Commission.

Signature of President, Director or Authorized Official | Title

20. Notarization **Sworn and subscribed before me this** _____ **day of** _____ **20**____ **SEAL**

Commission Expires: _____