

**Nonpublic Postsecondary Education Commission  
Application for Certificate of Authorization  
of a Proprietary School Regulated Pursuant  
to O.C.G.A. Title 43**

Date

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Month      Day      Year

1. Name of School		2. Telephone Number (Area Code/Number/Extension)	
3. Complete Mailing Address		4. Check Type of Institution <input type="checkbox"/> Located in State <input type="checkbox"/> Located out of State <input type="checkbox"/> Residence School <input type="checkbox"/> Correspondence School <input type="checkbox"/> Other (Please describe)	
5. Principal Owner (Last Name, First, Middle Initial) (Attach any other names)		6. Indicate Ownership Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation State _____ Date _____ <input type="checkbox"/> Other (Please describe)	
7. School Director (Last Name, First, Middle Initial)			
8. Name of Bonding Company	9. Bond Number	10. Amount of Bond	11. Bond Expiration Date
12. Year Founded	13. Years in Georgia	14. Enrollment: Annual _____ At one time _____	
15. Certification <i>I certify that all of the information supplied in this application is true, complete and correct to the best of my knowledge and belief.</i>			
Signature of Director or Authorized Official		Title	
16. Notarization Sworn and subscribed before me this _____ day of _____, 19 _____.			
Notary Public		My Commission Expires	
		(Seal)	