

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

Date

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 (See Instructions, items 8 - 11.)	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. Gross Tuition (See instructions!)
16. 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	
17. Notarization Sworn and subscribed before me this _____ day of _____, 19 _____.			
Notary Public		My Commission Expires	
		(Seal)	