Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0818

OFFICE USE ONLY
Date Stamp

SAIL application #_____

Application fee_____Date_____

School Code_____

Revenue Code **1257009R / 1257009V**

Application for Change in Educational Objectives or Clock or Credit Hours Required to Complete a Program (An Increase or Decrease by 25% or More)

(California Education Code §§ 94894, 94896; Title 5, California Code of Regulations (CCR) §§ 71650, 71380, 71390)

☐ **Approved Institution $500.00 non-refundable fee**
☐ **Institution Approved By Means of Accreditation $250.00 non-refundable fee**

1. INSTITUTION

Name of Institution: School Code

Address:

City State Zip

Phone Number: Fax Number:

Website Address:

2. INSTITUTION'S CONTACT PERSON (for this application)

Name Email Address

Address

City State Zip

Telephone Number Fax Number

If this institution is approved by means of accreditation skip to #11.

Attached is a certified copy of the current verification of accreditation granted by the accrediting agency. ☐

3. REASON FOR CHANGE

What are the reasons for changing the educational objective, or for an increase or decrease of 25 percent or more in the number of clock hours or credit hours required for successful completion of an educational program as defined in Education Code section 94837? How will the changes further the institution's mission and objectives**?**

Document is attached: ☐ Yes ☐ No

4. DATE

Date of the proposed change(s)? _____

5. FINANCIAL IMPACT

Describe how the proposed change(s) will impact the financial resources of the institution, including the ability to comply with 5 C.C.R. 71745

Document is attached: ☐ Yes ☐ No

6. EDUCATIONAL PROGRAMS

Addition

Identify and describe the educational program(s) the institution offers or proposes to offer.

If the educational program is a degree program, identify the full title including the name of a specific major field of learning involved, which the institution will place on each degree awarded.

List the following for each educational program offered:
1. The admissions requirements, including minimum levels of prior education, preparation, or training;
2. The number of clock hours or credit hours required for successful completion of the program.
3. The types and amount of general education required.
4. The title of the educational programs and other components of instruction offered.
5. The method of instruction.
6. The graduation requirements.
7. If the educational program is designed to fit or prepare students for employment in any occupation, identify each occupation and job title to which each educational program is represented to lead.

Each educational program meets the requirements of 5 C.C.R. section 71710? Yes ☐ No ☐

Describe for each educational program:
1. The equipment to be used during the educational program
2. The number and qualifications of the faculty needed to teach the educational program.
3. A projection and the bases for the projection of the number of students that the institution plans to enroll in the educational program during each of the three years following the date the application is submitted.
4. The learning, skills, and other competencies to be acquired by students who complete the education program.
5. If licensure is a goal of an education program, a copy of the approval from the appropriate licensing agency. A copy of the intent to approve conditional solely upon institutional approval from the Bureau will also meet this requirement.

Please Note: Upon request, the institution shall provide to the Bureau copies of the required curriculum or syllabi (5 C.C.R. section 71220.)

Document is attached: ☐ Yes ☐ No

Change

If the application is for a change to an existing program describe the differences between the program(s) currently approved and the proposed program(s).

Document is attached: ☐ Yes ☐ No

7. FACULTY

The institution has contracted with sufficient duly qualified faculty members who meet the qualification of 5 C.C.R. section 71720.

Please check one: ☐ Yes ☐ No

8. FACILITIES AND EQUIPMENT

For each change or new program offered, describe the facilities and the equipment available for use by students at the main, branch, and satellite locations of the institution.

Document is attached: ☐ Yes ☐ No

Include specifications of significant equipment that demonstrate that the equipment meets the standards prescribed by the Code and is sufficient to enable students to achieve the educational objectives of each educational program.

For each item of significant equipment, indicate whether the equipment is owned, leased, rented, or licensed for short or long term, or owned by another and loaned to be used without charge.

Document is attached: ☐ Yes ☐ No

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9. LIBRARIES AND OTHER LEARNING RESOURCES

Describe new or different library holdings, services, and other learning resources necessary for the requested change or addition.

Document is attached: ☐ Yes ☐ No

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10. ADDITIONAL INFORMATION

Include any material facts, which have not otherwise been disclosed in the application that might reasonably affect the Bureau's decision to approve this application.

Document is attached: ☐ Yes ☐ No

The institution may also include any other facts that the institution would like the Bureau to consider in approving this application.

Document is attached: ☐ Yes ☐ No

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11. DECLARATION UNDER PENALTY OF PERJURY

This application shall be signed with original or digital signature by the following:

-- Each owner of the institution, or each partner in a partnership or
-- If the institution is incorporated, by the chief executive officer or president of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
-- If the institution is a nonprofit corporation or a public institution, by the chief executive officer or president.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Owning_____% of Ownership Member, Board of Directors_____ General Partner_____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature Date

Name

Address

City State Zip

Owning_____% of Ownership Member, Board of Directors_____ General Partner_____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature Date

Name

Address

City State Zip

Owning_____% of Ownership Member, Board of Directors_____ General Partner_____

Attach Additional Sheet(s) if Necessary

NOTICE ON COLLECTION OF PERSONAL INFORMATION

The information requested on this application is mandatory pursuant to CEC sections 94894, 94896 and Title 5 CCR section 71650. Failure to provide all of the information requested will result in the application being ineligible for processing, or subject to denial (Title 5 CCR section 71655). The information provided will be used to determine qualification of the applicant for authorization to make a substantive change to its approval to operate by the Bureau for Private Postsecondary Education (Bureau). The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information maintained by the Bureau unless the records are exempted from disclosure by law under Civil Code section 1798.40. For questions about this notice or access to your records, you may contact the Bureau for Private Postsecondary Education, P.O. Box 980818, West Sacramento, CA 95798-0818, by phone at (916) 574-8900, or by email at bppe@dca.ca.gov.

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • BUREAU FOR PRIVATE POSTSECONDARY EDUCATION
1747 N. Market Blvd., Suite 225, Sacramento, CA 95834
P (916) 574-8900 | Toll-Free (888) 370-7589 | www.bppe.ca.gov

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Bureau for Private Postsecondary Education (Bureau) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form in accordance with the following: Business and Professions Code (BPC) sections 30, 114.5, 115.4, 115.5, 480, Education Code sections 94885 and 94887, Title 5 California Code of Regulations section 71110 through 71340, 71390, 71395, 71396, 71480, 71500, 71550, 71630, 71640, 71650, 71652, 71653, and the Information Practices Act (Civil Code section 1798 and following). The Bureau uses this information, in accordance with DCA's **Privacy Policy**, principally to identify and evaluate applicants for approval to operate a postsecondary educational institution, renew approvals, make substantive changes, verify exemptions, and enforce standards set by law and regulation.

Mandatory Submission

Submission of the requested information is mandatory. The Bureau cannot consider your application unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the Bureau contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The Bureau makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or for access to your records, contact Bureau for Private Postsecondary Education at 1747 North Market Blvd., Suite 225 Sacramento, CA 95834, by (888) 370-7589, or by email at bppe@dca.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.