

NON-SUBSTANTIVE CHANGE - CHANGE OF OFFICIAL CONTACT INFO

Please submit two (2) copies of this application. There is no fee (i.e., it is waived) for this application if it is submitted in a timely manner. **If the application is received late, however, the institution will be assessed a late penalty in accordance with NACCAS' standard late fee procedures.** (In order to avoid the late fee, this application must be submitted within a 15-day grace period of the date the change actually occurred.) Please retain a copy of this entire application for your records.

1. This change will take place at the following institution(s) (insert name and Ref. #)

1. _____	Ref. # _____
2. _____	Ref. # _____
3. _____	Ref. # _____
4. _____	Ref. # _____

(Attach additional sheets if there are more than four campuses)

2. Date change occurred / is scheduled to occur: _____

3. Is this notification being submitted sixty (60) days or more after the change occurred? Yes _____ No _____
If you answered yes to question #3 above, please submit seven (7) copies of this application to NACCAS, as pursuant to Section 4.15(b) of NACCAS' Rules, this change is now considered substantive (meaning it requires Commission approval). Additionally, please include a \$200 processing fee with this application in order to cover the costs associated with Commission review.

4. Current Official Contact Information for All NACCAS Communications:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

5. Proposed Official Contact Information for All NACCAS Communications:

Name: _____
 Address *(Note: Must be a physical address):* _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

6. Would you like to leave the old / current contact person as an authorized NACCAS contact? (if applicable)
(An authorized contact will retain the ability to discuss all confidential matters relating to the institution's accreditation; however, they will no longer be the primary point of contact for all NACCAS communications.)

Yes _____ No _____ N/A *(if contact person is not changing)* _____

CERTIFICATION

I hereby certify that the institution for which this application is being made is not under any citation by the state licensing agency for any violations of licensing laws.

I certify that the information provided herein is true and correct to the best of my knowledge and belief. I further understand that knowingly providing false or misleading information to NACCAS may result in the Commission taking adverse action against the institution.

 Institution's Owner/or Official Contact Person Signature
(Must be signed by old official contact or current owner)

 Date

 Print Name (clearly)

 Title

Reminder: It is the institution's obligation to notify the U.S. Department of Education of changes, if applicable.