NOTIFICATION OF A NON-SUBSTANTIVE CHANGE - REMOVAL OF PROGRAM

Please submit two (2) copies of this form. There is NO FEE for this application. Please retain a copy of this entire application (including attachments, if applicable) for your records.

1. NACCAS Reference # of institution requesting the change: _____
2. Name of institution requesting the change: _____
3. Name of program being removed: _____
4. Length of program being removed: _____
5. ***Date program was removed / is scheduled to be removed:*** **_____**
6. Date (mm/dd/yy) last student enrolled in program either completed or withdrew from the program:

   _____
7. Was this course discontinued while students were still actively enrolled? (i.e., Did you cease teaching this course before all students had finished the program?)

   Yes_____ No_____
8. If you answered question #7 above "yes," please attach the following to this application: A list of all students who were enrolled in this course as of the date the program ceased to be offered. For each student on this list, you should attach documentation showing: (i) the applicable refund was made to the student and/or (ii) that accommodations were made to allow the student to complete the course, whether at this institution or another institution. (If you answered "no" to question #7, this item does not apply.)

Warning: This program will be removed from NACCAS' list of approved programs. If you wish to offer this program in the future, you will need to reapply for approval.

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. The institution will not make any promotional use of the application prior to approval of this application by NACCAS.

In addition, I hereby provide a release for purposes of eliciting information from state boards and government entities, as well as an acknowledgment of the fact that accrediting information may, at the discretion of NACCAS, be shared with other accrediting agencies and governmental entities.

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 Date

_____ _____

Print Name (clearly) Title

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