

**APPLICATION FOR INSTITUTIONS WHOSE
FEDERAL STUDENT FINANCIAL ASSISTANCE PROGRAMS
ARE TERMINATING**

For NACCAS Use Only: No Fee Required

Seven (7) copies must be submitted. Please note that all sections of this application must be completed and all attachments must be included, with the fee, or NACCAS will return the application to you. If an item on the application does not apply to your institution, mark it N/A. Each page must be initialed affirming data is final and correct and the reference number must be provided at the bottom of each subsequent page. Documents must be submitted to NACCAS in accordance with Section 1.6 of the *Rules*. Before you prepare this application, you will find it useful to review the *NACCAS Rules of Practice and Procedure, Part 4 Sub-Part A.5 and Appendix #11B - Business Plan for Change in Title IV Participation*. Be sure to keep a copy of this entire application including attachments for your records.

1. Official Name of Institution (must match institution's state license) :

2. Institution Ref. # _____
3. Address: _____
4. City: _____ State: _____ Zip: _____
5. Telephone: _____ Fax: _____ E-mail: _____
6. Website: _____
7. Date of Termination: _____
8. Owner Contact: _____

NOTE: This application must be submitted to NACCAS within thirty (30) days of termination.

9. Cause of Termination:
 - A. **Voluntary:** If the Institution voluntarily terminated participation in the Student Financial Assistance Title IV programs attach the following to this application:
 - 1) A copy of the letter from your Institution notifying the United States Department of Education of your intention to terminate participation in the Student Financial Assistance programs.
 - 2) A copy of the letter from the United States Department of Education accepting the termination, if the institution has received formal notification from the Department.
 - B. **Involuntary:** If the Institution's participation in the Student Financial Assistance Title IV programs was terminated by the United States Department of Education, you should attach the following to this application:

Initials _____

- 1) A copy of the letter from the United States Department of Education notifying the Institution that participation in the Student Financial Assistance Title IV programs has been terminated.
10. Eighteen (18) month business plan: The Commission is concerned that a shift in the sources of revenue of an institution, when its participation in Student Financial Assistance Title IV is terminated, could impair the ability of that institution to continue to comply with NACCAS’ accreditation requirements. In order to provide evidence that the institution is prepared to meet this challenge, the applicant must attach to this application an 18-month business plan, in accordance with the "Business Plan for schools that have been withdrawn or terminated from Title IV Funding" (see Appendix #11B).

Note: All required documents must be submitted prior to Commission consideration.

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 I understand that the use of any technical assistance or consultation services provided by NACCAS does not in any way guarantee the approval of this application and that NACCAS’ Board of Commissioners has the final authority in determining an institution’s compliance with accreditation requirements.

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 Designee Signature

Date

Print Name (clearly)

Title

(Note: There is no Fee.)