



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 **1257009W / 1257009V**

Application for Significant Change in Method of Instructional Delivery
(California Education Code §§ 94894, 94896; Title 5, California Code of Regulations § 71600)

- Approved Institution \$500.00 non-refundable fee**
 Institution Approved by means of Accreditation \$250.00 non-refundable fee

1. INSTITUTION

Name: _____

School Code: _____

Address _____

City _____

State _____

Zip _____

Phone Number _____

Fax Number _____

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 #12.

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

3. PROPOSED NEW METHOD

Description of the proposed new method of instructional delivery.

Document is attached: _____ Yes _____ No

Detailed explanation of the reasons for the proposed change.

Document is attached: _____ Yes _____ No

4. CURRICULUM

Describe how the curriculum will be changed or adapted to meet the needs of the proposed new method.

Document is attached: Yes No

5. FINANCIAL RESOURCES AND REPORTS

Describe how the changes affect the institution's financial resources.

Document is attached: Yes No

6. FACULTY

Describe how the proposed change will result in any significant changes in existing faculty.

Document is attached: Yes No

7. FACILITIES

Describe how the proposed change will result in any significant changes in existing facilities.

Document is attached: Yes No

8. LIBRARIES AND OTHER LEARNING RESOURCES

Describe how the proposed change will result in any significant changes in existing library or learning resources provide the applicable information.

Document is attached: Yes No

9.. AFFECTS

Include a description of how the change affects students and administration.

Document is attached: Yes No

10. IMPLEMENTATION

Include a description of how the institution will phase in the new method of instructional delivery.

Document is attached: Yes No

11. ADDITIONAL INFORMATION

Include any material facts, which have not otherwise been disclosed in the application that might reasonably affect the Bureau's decisions to grant an approval.

Document is attached: Yes No

12. DECLARATION UNDER PENALTY OF PERJURY

- Each owner of the institution, or
 - If the institution is incorporated, by the chief executive officer of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
 - By each member of the governing body of a nonprofit corporation.
-

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