



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 1257009U / 1257009V

Application for Change of Name

(California Education Code §§ 94894, 94896; Title 5, California Code of Regulations § 71630)

- 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: _____

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 #7

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

3. PROPOSED NEW NAME

Name _____

4. REASON FOR PROPOSED NAME CHANGE

Include a detailed explanation of the reasons for the proposed change in name.

Document is attached: Yes No

5. ADVERTISEMENT

Include copies of advertising and other statements to be disseminated to the public in any manner by the institution or its representatives that announce or use the proposed name.

Document is attached: Yes No (If no, please explain)

6. 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

7. 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 _____%, Member, Board of Directors _____ General Partner _____ Chief Executive Officer _____

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 _____%, Member, Board of Directors _____ General Partner _____ Chief Executive Officer _____

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 _____%, Member, Board of Directors _____ General Partner _____ Chief Executive Officer _____

Attach Additional Sheet(s) if Necessary