



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

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**5. FINANCIAL RESOURCES AND REPORTS**

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

Document is attached:  Yes  No

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**6. FACULTY**

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

Document is attached:  Yes  No

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**7. FACILITIES**

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

Document is attached:  Yes  No

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**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

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**9.. AFFECTS**

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

Document is attached:  Yes  No

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**10. IMPLEMENTATION**

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

Document is attached:  Yes  No

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**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

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**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.
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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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Attach Additional Sheet(s) if Necessary