



Bureau for Private Postsecondary Education  
P.O. Box 980818  
West Sacramento, CA 95798-0818

<b>OFFICE USE ONLY</b>
Date Stamp _____
SAIL application # _____
Application fee _____ Date _____
School Code _____
Revenue Code <b>1257009R / 1257009V</b>

### Application for Change in Educational Objectives

*(California Education Code §§ 94894, 94896; Title 5, California Code of Regulations § 71650)*

- 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: \_\_\_\_\_

Website Address: \_\_\_\_\_

#### 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 #11.**

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

#### 3. REASON FOR CHANGE

What are the reasons for changing the educational objective? How will the changes further the institution's mission and objectives?

Document is attached: \_\_\_\_ Yes \_\_\_\_ No

#### 4. DATE

Date of the proposed change? \_\_\_\_\_

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#### 5. FINANCIAL IMPACT

Describe how the proposed change will impact the financial resources of the institution, including the ability to comply with 5 C.C.R. 71745

Document is attached:  Yes  No

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#### 6. EDUCATIONAL PROGRAMS

##### Addition

Identify and describe the educational program(s) the institution offers or proposes to offer.

If the educational program is a degree program, identify the full title including the name of a specific major field of learning involved, which the institution will place on each degree awarded.

List the following for each educational program offered:

1. The admissions requirements, including minimum levels of prior education, preparation, or training;
2. If applicable, information regarding the ability-to-benefit examination as required by section 94904 of the Code.
3. The types and amount of general education required.
4. The title of the educational programs and other components of instruction offered.
5. The method of instruction.
6. The graduation requirements.
7. If the educational program is designed to fit or prepare students for employment in any occupation, identify each occupation and job title to which each educational program is represented to lead.

Each educational program meets the requirements of 5 C.C.R. section 71710? Yes  No

Describe for each educational program:

1. The equipment to be used during the educational program
2. The number and qualifications of the faculty needed to teach the educational program.
3. A projection and the bases for the projection of the number of students that the institution plans to enroll in the educational program during each of the three years following the date the application is submitted.
4. The learning, skills, and other competencies to be acquired by students who complete the education program
5. If licensure is a goal of an education program, a copy of the approval from the appropriate licensing agency. A copy of the intent to approve conditional solely upon institutional approval from the Bureau will also meet this requirement.

Please Note: Upon request, the institution shall provide to the Bureau copies of the required curriculum or syllabi (5 C.C.R. section 71220.)

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Document is attached:  Yes  No

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##### Change

If the application is for a change to an existing program describe the differences between the program(s) currently approved and the proposed program(s).

Document is attached:  Yes  No

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**7. FACULTY**

The institution has contracted with sufficient duly qualified faculty members who meet the qualification of 5 C.C.R. section 71720.

Please check one:  Yes  No

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**8. FACILITIES AND EQUIPMENT**

For each change or new program offered, describe the facilities and the equipment available for use by students at the main, branch, and satellite locations of the institution.

Document is attached:  Yes  No

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Include specifications of significant equipment that demonstrate that the equipment meets the standards prescribed by the Code and is sufficient to enable students to achieve the educational objectives of each educational program.

For each item of significant equipment, indicate whether the equipment is owned, leased, rented, or licensed for short or long term, or owned by another and loaned to be used without charge.

Document is attached:  Yes  No

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**9. LIBRARIES AND OTHER LEARNING RESOURCES**

Describe new or different library holdings, services, and other learning resources necessary for the requested change or addition.

Document is attached:  Yes  No

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**10. ADDITIONAL INFORMATION**

Include any material facts, which have not otherwise been disclosed in the application that might reasonably affect the Bureau's decision to approve this application.

Document is attached:  Yes  No

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The institution may also include any other facts that the institution would like the Bureau to consider in approving this application.

Document is attached:  Yes  No

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

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owning \_\_\_\_\_%, Member, Board of Directors \_\_\_\_\_ General Partner \_\_\_\_\_ Chief Executive Officer \_\_\_\_\_

Attach Additional Sheet(s) if Necessary