**REQUEST FOR NEW/ADDITIONAL LOCATION**

Institutions that wish to change or add locations must submit for approval the following **Request for New/Additional Location** to the Higher Education Licensure Commission. One (1) individual copy of the request should be submitted along with seven (7) flash drives each containing an electronic copy of the complete application. The flash drives should be labeled with the institution’s name. A check or money order in the amount of Two Hundred dollars ($200) payable to the DC Treasurer must also be submitted with the application and delivered to:

Higher Education Licensure Commission

1050 First Street, NE

5th Floor

Washington, DC 20002

The review and approval process takes 60-90 days depending on the timeframe the request is submitted as well as the completeness of the submission. Requests for New/Additional locations are acted on during the public meeting of the Commission.

An institution cannot begin operations or advertising a new location until the Commission has approved the request for a new location.



**Request for New/Additional Location**

**A. Name of Institution:** Click here to enter text.

Website: Click here to enter text.

Federal Tax Identification Number: Click here to enter text.

**Point of Contact** (for this application)

Name and title: Click here to enter text.

E-mail:Click here to enter text.DirectPhone:Click here to enter text.

Name of Chief Executive *(if different)*: Click here to enter text.

**Location Information**

Current Approved Address

Type: Main [ ]  Branch [ ]  Additional [ ]

Address: Click here to enter text.

City:Click here to enter text. State:Click here to enter text. Zip code:Click here to enter text.

Phone:Click here to enter text. Fax:Click here to enter text.

Is this location closing? No [ ]  Yes [ ]  If yes, when? Click here to enter text.

New Proposed Address

Type: Main [ ]  Branch [ ]  Additional [ ]

Address: Click here to enter text.

City:Click here to enter text. State:Click here to enter text. Zip code:Click here to enter text.

Phone:Click here to enter text. Fax:Click here to enter text.

Proposed Effective Date: Click here to enter text.

Has the institution’s accreditor(s) been notified of the change of location? No [ ]  Yes [ ]  If yes, attach copy of accreditor(s) approval.

**B. Additional Information**

1. Please indicate reason for the location change?

Click here to enter text.

1. What effect will the location change have on current students, administrative staff, and faculty?

 Click here to enter text.

1. Is the change of location beyond the current market area? No [ ]  Yes [ ]
2. Will the location change involve teaching out currently enrolled students? No [ ]  Yes [ ]  If yes, provide details regarding provisions that have been made.

Click here to enter text.

**C. Required Supporting Documentation**

1. Certificate of Occupancy (obtain from the D.C. Department of Consumer and Regulatory Affairs);
2. Lease agreement;
3. A plan, blueprint, diagram or photos and a statement of the square footage and arrangement of classrooms, offices and other space;
4. If rental expenses are increasing, provide details of the financial resources that will support the new location;
5. If more staff/faculty is hired as a result of the move, submit information regarding these changes: number, their responsibilities and details of the financial resources that will support the changes.

**D. Certification** (must be signed by the Chief Administrator of the entity)

*“I hereby affirm that the answers given in this application are true and accurate and complete. I understand that false information on this application may result in revocation and penalties. Further, I am authorized to sign this application on behalf of the entity named herein. I have read, and agree to comply with the District of Columbia’s laws and regulations governing corporations and educational entities regulated by the District of Columbia Higher Education Licensure Commission.”*

Click here to enter text.

Type name and title Signature Date