

**POSTSECONDARY INSTITUTION CLOSURE PLAN FORM**

Using this form should ensure compliance with the Higher Education Licensure Commission’s (HELC) laws and regulations regarding school closures. See also HELC Regulations [8129.3](http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/DCMR%205-A81%202012.pdf) (non-degree) or [8016.4](http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/FINAL%20CLEAN%20DEGREE%20REGS%20EFF.%203.18.11.pdf) (degree granting). Closure plans must be submitted not less than ninety (90) days before the anticipated date of closure. This plan must be approved by the Commission prior to the school closing. One individual (1) copy of the Postsecondary Institution Closure Plan Form and supporting documentation should be submitted along with seven (7) flash drives containing the complete application and supporting documentation to the Higher Education Licensure Commission - 1050 First Street, NE 5th Floor, Washington, DC 20002.

**1. INSTITUTION INFORMATION**

Institution Name: Click here to enter text.

Website Address: Click here to enter text.

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

Physical Address(es) (closing location(s))

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Street Address** | **City** | **State** | **Zip** | **Location Type***(main campus, branch campus, instructional site, or online)* |
|  |  |  |  |  |
|  |  |  |  |  |

If the institution is closing its District of Columbia location but plans to operate outside of the District, provide contact information for the main campus:

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. Website: Click here to enter text.

Mailing Address *(if different)*: Click here to enter text.

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

 **2. DATE AND REASON FOR CLOSURE**

Date of Anticipated Closure: Click here to enter text. Last Date of Instruction: Click here to enter text.

Describe reason for closing: Click here to enter text.

**3. CONTACT PERSON FOR SCHOOL CLOSURE INFORMATION**

Contact Person (name, title): Click here to enter text.

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

Physical 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.

**4. STUDENT INFORMATION**

Student information should be submitted in both hard copy and in electronic format.

**Date last student admitted:** Click here to enter text.

**Total number of students currently enrolled:** Click here to enter text.

|  |  |
| --- | --- |
| 1. Student Roster

Provide a list of students that were enrolled at any time during the 90 days prior to school’s closure. The list should include names, last 4 digits of the social security number, addresses, telephone numbers, email addresses, and current status/estimated graduation dates. Indicate which students received refunds issued by the institution and the amount of the refund.  | [ ]  List is attached.[ ]  List not attached, explain. Click here to enter text. |
| 1. Student Notification

Provide the institution’s plan and timeline to notify students:1. of the pending closure;
2. of student rights and options under HELC Regulations 8129.3 (non-degree) or 8016.4 (degree granting), including their financial obligations, rights to a refund or adjustment, provisions made for the assistance toward completion of their academic programs, and how students may obtain official copies of records or transcripts;
3. if the institution participates in federal student financial aid programs (Title IV funding), information concerning those programs and institutional closures.
 | [ ]  Plan is attached.[ ]  Plan not attached, explain. Click here to enter text. |
| 1. Notices/Correspondence

Provide copies of all closing or phase out notices, including all communications to be sent to students notifying them of the institution’s pending closure, student rights and options as indicated above. | [ ]  Notice/Correspondence is attached.[ ]  Notice/Correspondence not attached, explain. Click here to enter text. |

**5. TEACH-OUTS OR TRANSFERS**

The institution is required to provide all enrolled students an opportunity to complete their program of study, or to receive maximum assistance for orderly transfer to another educational institution acceptable to the student. In the event of a transfer, the institution agreeing to receive students must complete the Transfer Plan form. *(attached)*

|  |  |
| --- | --- |
| 1. Provide the institution’s proposed teach-out or transfer plan. Include any agreements.

**(NOTE: The plan must be approved prior to notifying students.)**  | [ ]  Teach-out or transfer plan is attached.[ ]  Teach-out or transfer plan not attached, explain. Click here to enter text. |
| 1. For students who do not wish to participate in a teach-out or transfer, or if no teach out is planned, describe plans to refund students within 45 days from the date of closure.
 | [ ]  Refund plan is attached.[ ]  Refund plan not attached, explain. Click here to enter text. |

**6. OFFICIAL NOTIFICATIONS**

Notification must be provided to all affected constituencies.

|  |  |
| --- | --- |
| 1. If the Institution participated in Federal Student Financial Aid Programs, have arrangements been made for return of those funds?
 | [ ]  N/A [ ]  YES [ ]  NO, explain Click here to enter text. |
| 1. Has the institution notified its accreditors of the planned closure?
 | [ ]  N/A [ ]  YES [ ]  NO, explain Click here to enter text. |
| 1. Has the institution notified the Corporations Division of the District of Columbia Department of Consumer and Regulatory Affairs (DCRA), DC Office of Tax & Revenue and other appropriate authorities of the status, to include filing any final reports, if appropriate?
 | [ ]  YES[ ]  NO, explain Click here to enter text. |

**7. PROTECTION OF STAFF, SUPPLIERS, & CREDITORS**

Describe steps taken to protect the rights of staff, suppliers, and creditors.

Click here to enter text.

**8. CUSTODIAN OF RECORDS**

In accordance with the provisions of DC Official Code §38-1307(3)(B), academic records shall be maintained for at least 50 years from the date the student last attended the institution.

At a minimum, student records must include:

* The name, address, email address and telephone number of each student;
* Academic transcripts showing the basis for admission, transfer credits, courses, credits, grades, graduation authorization, student name changes;
* Transcripts of financial aid for each student;
* Foreign student forms for foreign students;
* Veterans Administration records for veterans;
* Copies of degree, diploma or certificate awarded to the students and the date on which that degree or certificate was granted for each student;
* One set of course descriptions for courses shown on transcripts; and
* Evidence of accreditation, if any, during the years covered by the transcripts.

Note:

* All student records must be submitted to the Higher Education Licensure Commission.
* All student records must be submitted in electronic format on a travel drive. Student records should be organized using the following naming convention:

student last name\_first name\_school acronym\_last 4 digits of the Social Security Number

* An institution and its owners are jointly and separately responsible to arrange at their expense for the storage and safekeeping of all student records required to be maintained. This includes paying the costs of the transfer of records to the Commission and for the costs of maintaining the records.
* All boxes of records submitted to the Commission must have an index detailing the boxes contents.
* An institution shall make these records immediately available for inspection and copying, without charge, during normal business hours by any entity authorized by law to inspect and copy records.

**CUSTODIAN OF RECORDS CONTACT INFORMATION**

*(Provide contact information for all others who will maintain copies of the student records.)*

Name of Organization/Institution responsible for records: Click here to enter text.

Contact Person for transcript requests: Click here to enter text.

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

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.

**9. DECLARATION UNDER PENALTY OF PERJURY**

If the institution has more than one owner, please make a copy of this section for each owner to sign and date.

*“I hereby certify under penalty of perjury under the laws of the District of Columbia that this postsecondary institution is discontinuing its postsecondary educational pursuits in Washington, DC. I understand that if the institution continues to offer postsecondary educational instruction this action will be a violation of DC Official Code* §*38-1309. I certify that the foregoing statements and all attachments are accurate, true and complete. I understand that false information on this form may result in fines and penalties. Further, I am authorized to sign this form 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

FOR HELC USE ONLY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Closure Form Received | Date Processed (reviewed for completeness) | Date Returned to Applicant (if incomplete) | Staff Assigned | Date Presented to Commission | Commission Decision |
|  |  |  |  |  |  |

****

**Transfer Plan Form**

*(to be completed by institution receiving transfer students)*

**A. Institution Information**

**Current Approved Institution Name:** Click here to enter text.

**Proposed Transfer Institution:** Click here to enter text.

Corporate 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.

Website: Click here to enter text.

Federal Tax Identification Number: Click here to enter text.

Name CEO: Click here to enter text.

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

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. Website: Click here to enter text.

Proposed Effective Date: Click here to enter text.

**B. Business Classification**

**Institution Type**

[ ] Public [ ] Private For-Profit [ ] Private Non-Profit [ ] Incorporated For-Profit

**Ownership Type**

[ ] Corporation [ ] Partnership [ ] Proprietorship [ ] Limited Liability Corporation (LLC)

**C. Additional Information**

1. Provide a description of the proposed institution (i.e. history, mission)?

Click here to enter text.

1. Please indicate number of students to be acquired?

Click here to enter text.

1. Provide a logistical plan for onboarding new students. Include a description of faculty and staff capacity to instruct students. Describe the facilities capacity to accommodate the increased student population.

Click here to enter text.

1. Describe the institution’s plan related to the transfer of academic credits.

Click here to enter text.

1. Describe plans for the storage and maintenance of incoming student records. Include the estimated volume the institution anticipates receiving.

Click here to enter text.

1. Describe the institution’s plan regarding the transfer of student tuition payments and financial aid from closing institution.

Click here to enter text.

1. Describe plans to assure the completion of contracts with existing students.

Click here to enter text.

1. How will faculty, staff and students be notified of the onboarding of additional students?

 Click here to enter text.

1. Has the institution’s accreditor(s) been notified of the proposed transfer? N/A [ ] No [ ]  Yes [ ]

If yes, attach copy of accreditor(s) approval.

Name of Accreditation Body: Click here to enter text.

**D. Required Supporting Documentation**

If the entity is a branch campus include the following documents from the state of origin:

* 1. Certificate of Good Standing from the business and tax offices
	2. Copy of the educational license(s) or exemption(s)

**E. DECLARATION UNDER PENALTY OF PERJURY**

If the institution has more than one owner, please make a copy of this section for each owner to sign and date.

*“I hereby certify under penalty of perjury under the laws of the District of Columbia that this licensed postsecondary educational institution is in good standing. I certify that the foregoing statements and all attachments are accurate, true and complete. I understand that false information on this Transfer Plan Form may result in fines and penalties. Further, I am authorized to sign this form 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