

**INITIAL/RENEWAL APPLICATION FOR A SCHOOL LICENSED BY ANOTHER STATE AGENCY IN NEBRASKA**

Name of School:

Location of School, including Street, City, State, Zip:

Mailing Address of School including Zip if different than address given above:

Enclosed are copies of the owners' financial statements (balance sheet & income statement) and/or the most recent federal and state income tax returns.

Telephone Number

E-Mail Address

Web Site Address

Enclosed are the names, addresses, and current status of all schools of which the applicant has previously owned any interest in, and currently owns any interest in, and a declaration as to whether any of these schools were ever denied accreditation, licensing, or authorization to operate from any governmental body or accrediting agency.

If the ownership of the school is 1) a corporation, list below the name and address of the corporation, and the names and titles of corporate officers with their respective home addresses; 2) if sole proprietorship exists, list below the name and home address of proprietor, and 3) if a partnership exists, list below the names and titles of all partners with their respective home addresses.

Name of Proprietor, Partnership, or Corporation:

Home Address of Proprietor/Partner or of Corporation, including Zip Code

Name and Title:

Home Address

Name and Title:

Home Address

Enclosed is a completed Administrative Form for the Administrative Director whose name is:

The complete home address and home telephone number of the Administrative Director is:

Enclosed are completed Instructor Qualification Forms for all full and part-time instructors.

FISCAL YEAR END DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Title  <small>Listed below are the programs currently being offered. (Enclosed, for each program listed, is a course outline, a course description, and a schedule of classes showing dates and hours of attendance, <b>not given in the catalog</b>. Attached is a list of major items/tools/ equipment which are available or which will be made available. Include information relative to year, make, and model.)</small>	Student/ Teacher Ratio	Days of Attendance							Program Objective		Mode of Delivery			Program Length			Program Measurement		Total Tuition Charge Per Program/ Term	Maximum Enrollment Size
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Certificate	Diploma	Resident	Home Study	Other	Weeks	Months	Years	Clock Hours	Credit Hours		

Enclosed are copies of the following data: 1) all enrollment agreements or contract forms to be used with the students; 2) policy related to students' attendance, interruptions and readmissions; 3) samples of a student transcript and forms which will be used to monitor student attendance, academic progress, conduct, and placement; 4) sample of the credentials (certificate or diploma) that will be awarded to students at successful completion of the program of study; 5) refund policy; 6) media advertising and promotional literature and brochures; 7) inspection reports from local and state regulatory agencies indicating that the premises and conditions under which students will work and study meet sanitation and safety requirements; 8) the current license or approval issued by the appropriate state agency.

Enclosed is a completed application form for an agent's permit. The non-refundable \$150.00 statutory fee made payable to the Nebraska Department of Education and a surety bond (blanket or individual) in the penal sum of \$5,000.00 are enclosed.

**This form may not be reworded.**

Send completed form and supporting documents to Program Director, Private Postsecondary Career Schools and Veterans Education, Nebraska Department of Education, P. O. Box 94987, Lincoln, NE 68509-4987.

**NOTE:** If the applicant school is owned by an individual, this application should be signed by the owner; if owned by a partnership, by the managing partner; if owned by a corporation or association, by one of the authorized officers

**I have read this application, and the statements therein made are true to the best of my knowledge, information and belief.**

Typed/printed name of School Official

Signature of School Official

Title:

Date