APPLICATION FOR AN AUXILIARY (SATELLITE) CLASSROOM

Please refer to ACCET Document 26 – Policy on Additional Locations and Changes of Location for definitions of different types of additional locations, the eligibility criteria for making application for additional locations, and the process for seeking and obtaining the required prior approval for additional locations.

ACCET ID #: ______________________

Auxiliary (Satellite) Classroom Information

Name of Institution (from state license, if applicable): ____________________________________________
Street Address (not P.O. Box): ______________________________________________________________
City/State/Zip: __________________________________________________________________________
Distance from the supervising main/branch campus: _____________________________________________
Telephone Number: _______________________________________________________________________
Auxiliary Classroom Director: __________________________________________________________________
E-Mail Address: __________________________________________________________________________
Anticipated Date of First Class Start: __________________________________________________________

NOTE: THE INSTITUTION MAY NOT ADVERTISE, ENROLL STUDENTS, OR PROVIDE INSTRUCTION AT THE PROPOSED AUXILIARY (SATELLITE) CLASSROOM PRIOR TO WRITTEN ACCET APPROVAL.

Main/Branch Campus Information

Main □ Branch □ (Check the site responsible for supervising the auxiliary classroom and providing enrollment and student support services to its students.)

Name of Institution (from state license, if applicable): ____________________________________________
Street Address (not P.O. Box): ______________________________________________________________
City/State/Zip: __________________________________________________________________________
Telephone Number: ______________________________ Fax Number: ______________________________

E-Mail Address: _________________________________

Main Campus Director: ______________________________________________________________________

I verify that the information contained in this application for approval of an auxiliary (satellite) classroom location and the accompanying materials are true and correct.

Name/Title of Chief Executive Officer (or Designee): ______________________________________________

Signature of CEO: ________________________________ Date: __________________

AUXILIARY CLASSROOM CHECKLIST

A copy of each of the following items must be submitted as part of the institution’s application for an auxiliary classroom. Initial each blank to verify inclusion and number each exhibit with the corresponding item number. If any of the requested documentation does not apply to the institution, please write “N/A” in the blank and provide an explanation in the comment section below.

1. A copy of the lease or agreement for the facility, which is signed and dated by both parties.

2. An equipment list which denotes the quantity of each item.

3. State license, exemption letter, or documented evidence of state licensure/approval by means of accreditation. For institutions with licensure/approval by means of accreditation, a copy of the final state approval of the new auxiliary classroom must be sent to ACCET upon receipt.

4. A use and occupancy certificate and/or a fire and safety certificate (i.e. the use and occupancy certificate may also serve as evidence of the institution’s compliance with applicable local, state, and federal fire safety regulations. If such is the case, please indicate in the comment section below.)

5. A floor plan which denotes the room dimensions, maximum occupancy per classroom, and room use (i.e. classroom, lab, financial office).

6. Proof of ownership consistent with that of the main campus, including ownership chart(s) and a statement that the ownership of both sites is identical.

7. Organization chart with names and job titles of key personnel. The chart should specifically include personnel at the auxiliary classroom. If these individuals have yet to be hired, please submit a job
description for each position and note the position title and anticipated hire date on the chart.

_____ 8. A complete ACCET Document 6 – Faculty/Administrative Personnel Form or Section I of ACCET Document 6 along with a resume for each employee who will be working at the site. (These may be provided later, if personnel have not been hired.)

_____ 9. An internally generated financial statement for the institution with an attestation signed by the Chief Executive Officer or Chief Financial Officer stating that it is true and correct to within 30 days of submission of the application.

_____ 10. A pro forma budget and cash flow analysis for the first 12 months of operation for the new site or one for the institution which includes the new site. These documents must include enrollment and revenue projections.

_____ 11. Narrative report in which the following information is provided:
   a. Reason auxiliary classroom is needed;
   b. Name of site supervisor;
   c. Projected student occupancy; and
   d. Distance from the main or branch campus, along with documented evidence that the auxiliary (satellite) classroom is located within a reasonable distance of the main or branch campus to permit students at the satellite site to have appropriate access to student services provided at the main or branch campus.

_____ 12. Evidence of any surety (as required by the state in which the proposed site is located).

_____ 13. A list of the names and clock/hours of all programs offered at the auxiliary classroom. If the programs are not identical to those approved to be offered at the main/branch campus, provide an explanation under the comment section below. Refer to Document 25 – Policy for New, Revised, and Existing Programs/Courses.

_____ 14. A completed Document 29.1 – Enrollment Agreement Checklists and a copy of the current enrollment agreement (applicable to vocational institutions only).

_____ 15. A completed Document 29 – Catalog Guidelines and Checklist and a copy of the current catalog (applicable to vocational institutions only). If the institution is avocational, please provide a copy of a current brochure.


**Vocational Institutions Only:** During the scheduled preliminary on-site visit, the following documents must be provided by the institution for review: (1) a copy of the application and all supporting documentation identified above and (2) operations manuals that guide the day-to-day operation of the institution.

**COMMENTS/EXPLANATIONS:** _____________________________________________________________