

APPLICATION FOR A CHANGE OF NAME

Prior to the anticipated date of the name change, provide the following information and documentation along with the required processing fee specified in ACCET Document 10 – Fee Schedule.

ACCET ID#: _____

1. Current Corporate Name of Institution: _____

d/b/a (if applicable): _____

2. Proposed Corporate Name: _____

d/b/a (if applicable): _____

3. Address: _____

4. Telephone Number: (____) _____ (FAX) (____) _____

5. Email: _____

6. Type of institution: Vocational Avocational

Title IV Institution Yes No

7. Is the name change applicable to all approved sites?¹ Yes No

If no, provide the rationale for having different names for different sites and identify the names and sites affected: _____

8. Is the proposed change of name the result of a change of ownership? Yes No

If yes, refer to ACCET Document 22 – Policy on Change of Ownership and/or Control.

9. Identify the rationale for the name change: _____

¹ NOTE: All locations of an institution must have the same name. The only exceptions to this naming convention are instances in which: (a) programmatic or geographic descriptors are added to the name (e.g. Franklin Institute – Miami, Franklin Institute – Tampa, Franklin Institute – Orlando) and/or (b) state regulations prohibit the use of a particular name (e.g. “university” or “college” limited to institutions offering degree programs).

10. Attach documentation verifying that the name change is approved by the required state and/or federal regulatory agencies. For an institution with state licensure/approval by means of accreditation, a copy of the final state approval of the change of name must be sent to ACCET upon receipt.

I verify that the information contained in this application for approval of a change of name and the accompanying materials are true and correct.

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

Signature of CEO: _____ Date: _____