



# Petition for Change in Control or Legal Status

for consideration by the ATS/COA Board of Commissioners

All fields marked with \* are required and must be filled.

***Commission-accredited schools must petition for approval prior to undergoing a change in control or legal status. This type of change includes mergers, acquisitions, formal federations, or partnerships where one or more partners change their forms of control or legal status. This type of change also includes a member school acquiring a non-member school, or a member school converting from for-profit to non-profit status or vice versa (per [Policies and Procedures](#) IV.C and IV.C.1).***

Given the complexity of these types of changes, schools considering any of these changes should consult with their Commission staff liaison as soon as possible and as often as needed—well before the submission of this petition. In completing this petition form, please include links to additional documentation as requested or as deemed helpful. Your Commission staff liaison will contact you if there are any questions regarding this petition.

NOTE: As stated in [Policies and Procedures](#) IV.C.1, restructuring a school's governance or revising its bylaws is not considered a substantive change, as long as there is no change of ownership, governing control, or legal status. Changing a school's legal name (including any new "doing business as" designation) is not considered a substantive change but does require notification to, and acknowledgement by, the school's Commission staff liaison (see ATS [petitions and notifications webpage](#)).

**i. Name of school: \***

Click to select from menu ▼

NOTE: all references to "school" in the present form refer to the ATS Commission member school submitting this petition

**ii. Contact information for person submitting this form: \***

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Prefix

First Name (MI)

Last Name

Suffix

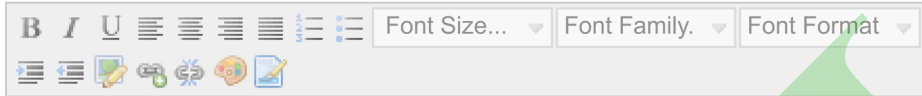
iii. Title: \*

Position title of person submitting this form

iv. Email: \*

A copy of your form will be sent to this address

1. Describe briefly the nature of this change in control or legal status: \*

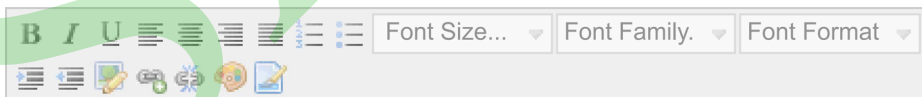


See options listed in opening paragraph, above

2. Will this change result in the school becoming part of another entity or in the school acquiring another entity that is not an accredited member of ATS? \*

- No  
 Yes\*

\*If YES, list the name and address of that entity and, if accredited, the name of its accrediting agency:



**3. Will this change result in a new name for the school? \***

- No
- Yes\*\*

**\*\*If YES, list the new name for the school:**

Type school name EXACTLY as it should appear in the ATS membership directory

**4. Will this change result in the school relocating to a new address? \***

- No
- Yes\*\*\*

**4a. \*\*\*If YES, provide the address of the new location:**

Street Address

Street Address Line 2

City











State / Province




Postal / Zip Code

Please Select 

Country

**4b. \*\*\*If YES, describe how the school's teach-out plan/agreement meets the criteria listed in Policies and Procedures III.L.1-3:**

**B** *I* U          

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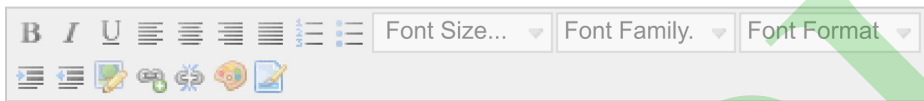
All documents must also be uploaded; see final page of this form

**5. Will this change result in the school no longer being an ATS Commission-accredited**

entity? \*

- No
- Yes^

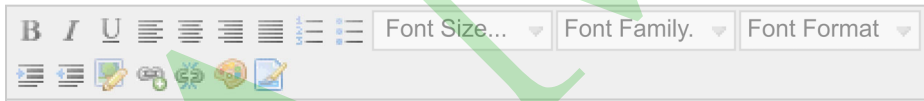
**^If YES, list the projected date of withdrawal from the Commission and describe how the school's teach-out plan/agreement meets the criteria listed in Policies and Procedures III.L.1-3:**



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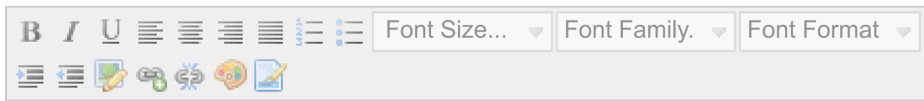
All documents must also be uploaded; see final page of this form

**6. Describe the history and rationale for this change: \***



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**7. Describe how this change will impact the school's ongoing mission and educational effectiveness: \***



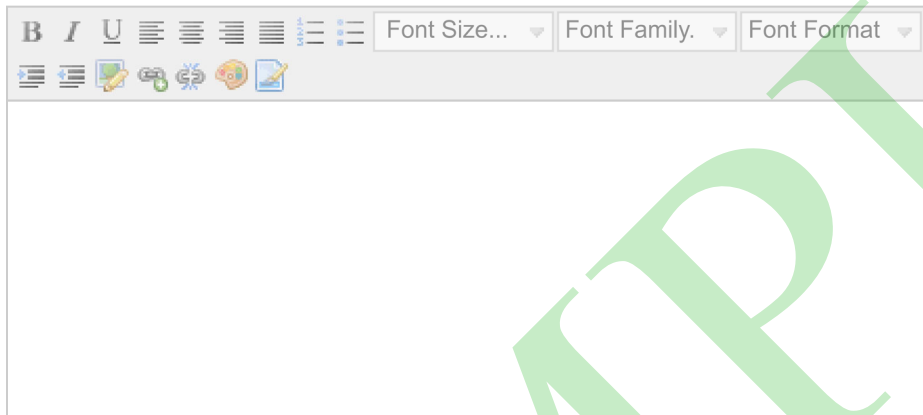
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11. Does the school participate in US Title IV federal financial aid programs? \*

- No
- Yes^^

^^If YES, describe what steps the school has taken to communicate this change to that federal office and what their response has been:

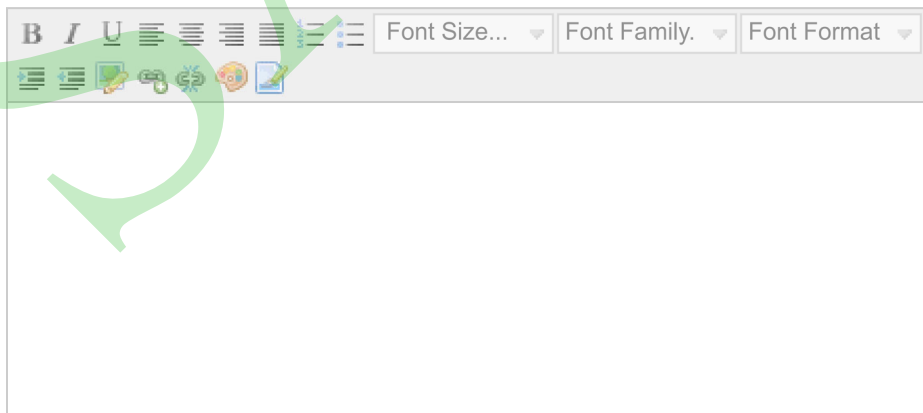


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12. Is the school accredited by another agency? \*

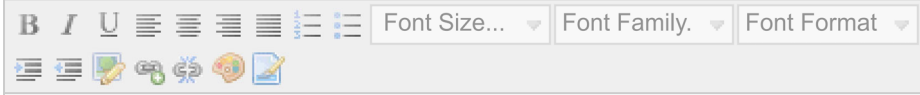
- No
- Yes^^^

^^^If YES, describe what steps the school has taken to communicate this change to that agency:



A rich text editor toolbar with icons for Bold (B), Italic (I), Underline (U), Bulleted List, Numbered List, Indent Left, Indent Right, Decrease Indent, Increase Indent, Font Color, Background Color, Link, Unlink, and Image. To the right of the icons are three dropdown menus: 'Font Size...', 'Font Family.', and 'Font Format'. Below the toolbar is a large, empty text area for the user's response.

13. Describe the anticipate timeline for this change, specifying the exact date the official change is expected to be implemented: \*



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All fields marked with \* are required and must be filled.

When finished, please submit this petition to the ATS Director of Commission Information Services by hitting the "submit" button below. You can expect an automated confirmation email within a few minutes. There is no fee for this (or any) Commission petition. Please do not send any paper copies or any emailed attachments; submit only this completed, online form (including any links to additional information requested).

NOTE: Petitions for change in control or legal status are decided by the Board of Commissioners only at their semi-annual meetings usually in February and June (see submission deadlines on ATS [petitions and notifications webpage](#)). If approved, this type of substantive change requires a focused evaluation visit within six months of the effective implementation date to determine that the change has not adversely affected the school's ability to meet the Commission's [Standards of Accreditation](#) (per [Policies and Procedures](#) IV.C and III.D.1).

**ATS Commission Staff Liaison Email \***

Click to select from menu ▼

A copy of your form will be sent to this address

**School CEO Email**

(optional)

A copy of your form will be sent to this address

**School CAO Email**

(optional)

A copy of your form will be sent to this address

**School ALO Email**

(optional)

A copy of your form will be sent to this address

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**PDF attachment (optional)**

No file chosen

If submitting multiple documents, consolidate these as one (bookmarked) PDF file

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**Additional comments**



**ACCESSIBILITY**  
ENABLED FORM