

## Petition related to Additional Location

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 implementing substantive changes regarding additional locations (formerly called extension sites) that offer at least half of a degree (Policies and Procedures IV.E). Schools are to complete the relevant portion of this form, per additional location, for each petitioned change (i.e., submit one petition form per change). In completing this 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 your submission.

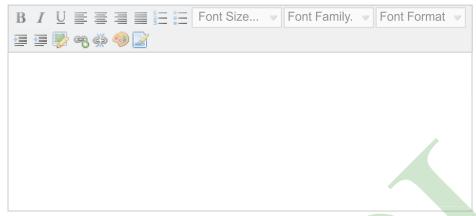
This petition form covers the following types of substantive changes: (1) adding or expanding a location to offer half or more of a degree (IV.E.1), (2) closing an approved location that offers a complete degree (IV.E.2-3; cf. note below), (3) expanding an approved location from master's to doctoral degree (IV.E.1), (4) reducing an approved location to offer less than a complete degree (IV.E.2; cf. note below); and (5) relocating an approved location that offers half or more of a degree (IV.E.2-3). A petition for adding or relocating an additional location is not required if the majority of instruction at that location is delivered online (IV.F.2).

NOTE: If the school is not on probation <u>and</u> currently has at least two approved locations, then *closing* or *reducing* any additional location that does not presently offer a full degree (i.e., 25-99%) would require only notification to and acknowledgement from Commission staff (see IV.E.2). *Closing a school's main campus* and ceasing permanent operations <u>or relocating a school's main campus</u> and continuing operations in a new location requires the submission of a different petition form (viz. "Petition for Closing a School or Relocating the Main Campus"). *Adding, closing, reducing,* or *relocating* an additional location that offers <u>at least one-fourth but less than one-half a degree</u> requires only notification to staff, not this petition to the Board (see VI.A.6); *adding/closing/relocating* an additional location that offers <u>less than one-fourth of a degree</u> requires neither notification nor petition. All forms are available on the <u>petitions and notifications webpage</u>.

Prefix First Na	ame (MI)	Last Name				
		Edot Name	Suffix			
iii. Title: *						
	Posi	ition title of person subm	itting this form			
iv. Email: *						
	A co	ppy of your form will be s	ent to this address			
v. Indicate the ty	pe of petit	ion being submitte	ed: *			
Click to select from	menu			~		
Adding/F	elected, comp	ing a locat	ion to of	fer hal	f or mo	re of a
		ing a locat	tion to of	ffer hal	f or mo	re of a
degree (if the location is the new location	<b>(pand</b> new or cu  qualifies a	ing a locat errently offers less as a branch campo sion staff liaison be	than half a de	gree, then o	complete this	petition; if
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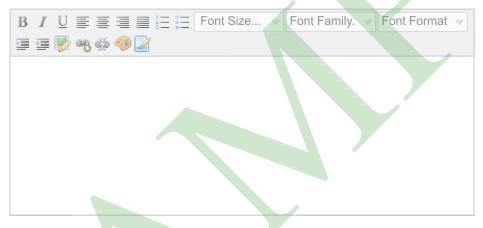


3. If the location is part of another entity (e.g., church or college), please list the name of that entity here and add a link to the written agreement allowing the school to use that facility: \*

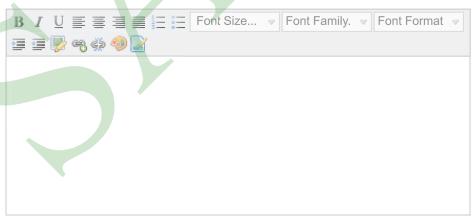


Written agreement must also be uploaded (see next/final page), or type "N/A" if not applicable

4. Describe reason(s) for adding/expanding this location: \*



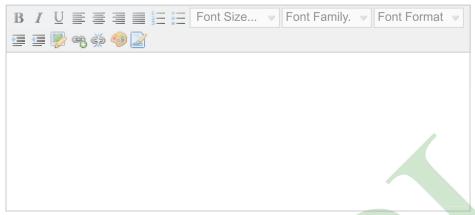
5. List percentage(s) of which degree(s) will be offered there: \*



Degree(s) must also be Commission-approved

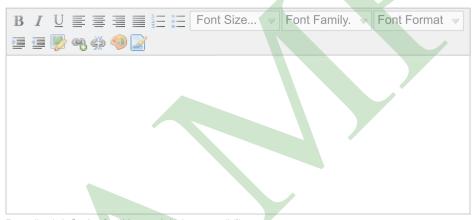
#### 6. What resources are available at this location:

## 6a. Faculty: \*



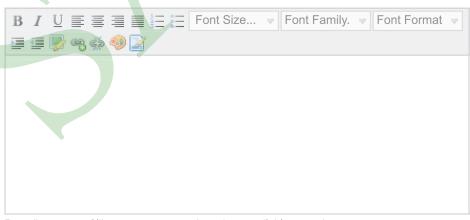
Indicate whether the location will use full-time or part-time faculty

## 6b. Facilities: \*



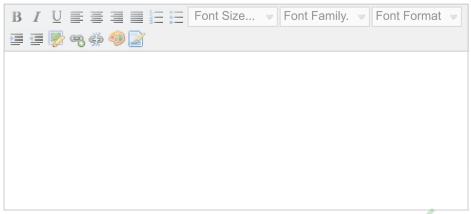
Describe briefly the facilities and their accessibility

## 6c. Library: \*



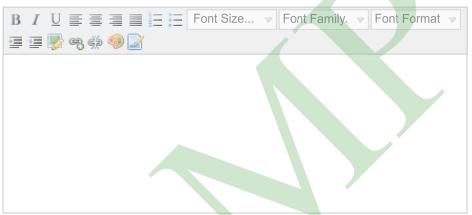
Describe extent of library resources and services available to students

## 6d. Student Services:



Describe nature of student support services available

7. If adding/expanding this location is part of a teach-out agreement with another school, please describe here the reason for and nature of that agreement and provide link to signed copy of that agreement: \*



Please type "N/A" if none. Otherwise, upload signed agreement as well; see final page of this form

8. Describe here how the program(s) offered at this location will be evaluated, per Standard 2.6: \*



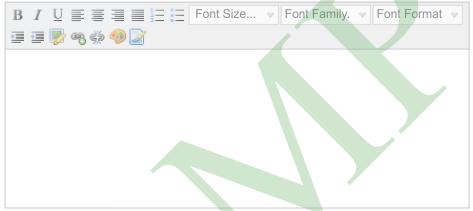
Consider providing link(s) to any documentation describing the school's educational evaluation process

9. Does your school meet all THREE criteria for an exemption to a focused evaluation visit? (See note below) \*

$\bigcirc$	Yes
	Nο

NOTE: <u>Policies and Procedures</u> IV.E.1 requires a focused visit within six months of opening an additional location that offers at least half a degree—unless the school meets these three exemption criteria in III.D.4: (1) has at least two approved additional locations offering half or more of a degree [three approved locations if school has not completed at least one accreditation cycle or has had recent public sanction], (2) is accrediting in good standing, and (3) has not been the subject of any recent Board actions raising concerns about its locations.

10. Describe what legal authority, if any, is needed to operate at this location and provide evidence that the school has that authority, e.g., state or provincial authorization (NOTE; for any international location where government authorization is not available, describe why it is not available and document instead that the proposed site has significant support from a recognized and respected professional, civic, or ecclesial organization in that area): \*



Provide link(s) to any documentation here, or consolidate all appendices and upload bookmarked PDF (next page)

## Closing an approved location that offers half or more of a degree

(if the school is not on probation and currently has at least two approved locations, only notification to and acknowledgement from Commission staff is required to close a partial-degree (i.e., 25-99%) location, per IV.E.2-3; if this is a full-degree location, then submit this petition form for Board review)

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

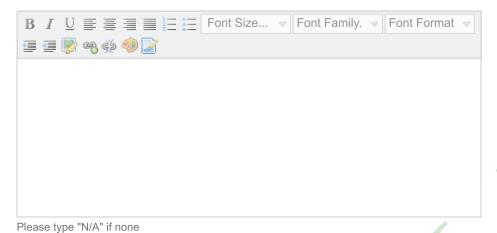
1. Effective date of approved location closure: \*

	/		/		115
Month		Day		Year	

2. Does this closure invo Procedures III.L, cf. IV.E.	olve a location that offers a complete degree? (Policies and 2) *
○ Yes	
○ No	
3. Complete address of I	ocation being closed:
Street Address	
Street Address Line 2	
City	State / Province
	Please Select   ✓
Postal / Zip Code	Country
4. Describe reason(s) for B I U = = = = = = = = = = = = = = = = = =	
link(s) to all required doo provide a link to that agr	· · · ·
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All documents must also be uploaded (see next/final page), or type "N/A" if not applicable

6. List any other approved additional location(s), including the percentage(s) of degree(s) offered: \*



# Expanding an approved location from master's to doctoral degree

(per Policies and Procedures IV.E.1)

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

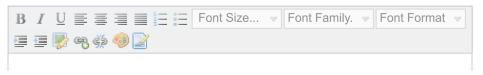
1. Effective date of expansion: \*

| Month | Day | Year |

2. Complete address of approved location:



3. Describe reason(s) for expanding this location and what percentage of which doctoral degree will be offered: \*

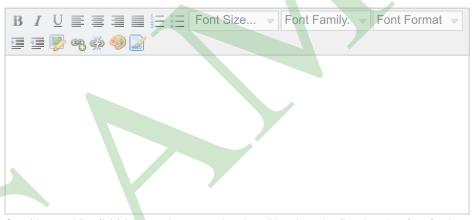




4. Describe what additional resources are planned for students enrolling in the doctoral degree that will be new to this location (faculty, facilities, library services, student support):



5. Describe how the doctoral program to be offered at this location will be evaluated, per Standard 2.6: \*

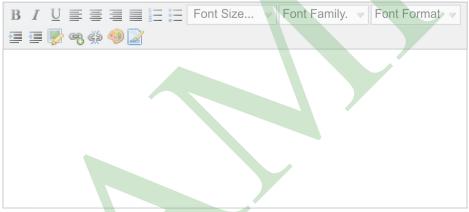


Consider providing link(s) to any documentation describing the school's educational evaluation process

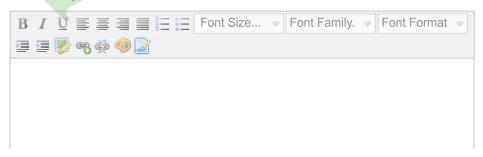
# Reducing an approved location to offer less than a complete degree

(if the school is not on probation and currently has at least two approved locations, only notification to and acknowledgement from Commission staff is required to reduce a partial-degree (i.e., 25-99%) location, per IV.E.2-3; if this is a full-degree location, then submit this petition form for Board review)

	All fields marked with * are r	required and must be filled.
1. Effective date of location reduction		/ Year
2. Complete addres	ss of location being reduced:	
Street Address		
Street Address Line 2		
City	State / Province	
	Please Select	Y
Postal / Zip Code	Country	
3. Describe reason	(s) for reducing this location	: *
	- t-	Sand In Cont Course



- 4. Does this reduction involve a location that offers a complete degree? (cf. Policies and Procedures III.L; cf. IV.E.2) \*
- O No\*
- Yes<sup>\*\*</sup>
- 5a. \*If NO, describe how educational needs of current students will be addressed:



5b. \*\*If YES, describe how the school's teach-out plan addresses all Commission criteria and provide link(s) to all required documentation (III.L.1-2); if a teach-out agreement is also required, provide a link to that agreement (III.L.3): 💷 💷 👺 🤏 🤲 📝 All documents must also be uploaded; see final page of this form Relocating an approved location that offers half or more of a degree (per Policies and Procedures IV.E.2-3) All fields marked with \* are required and must be filled. 1. Effective date for relocation of this additional location: \* Month Day 2. Complete address of "OLD" location:

Street Address

City

Street Address Line 2

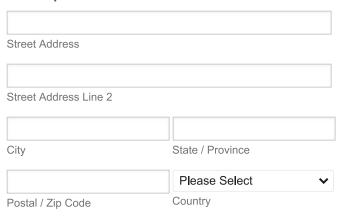
Postal / Zip Code

State / Province

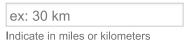
Please Select

Country

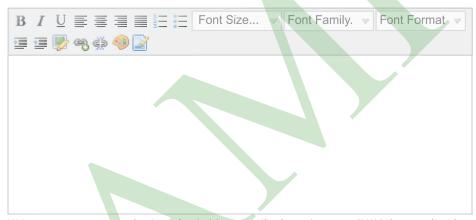
3. Complete address of "NEW" location:



4. Approximate distance between the closed and new locations: \*

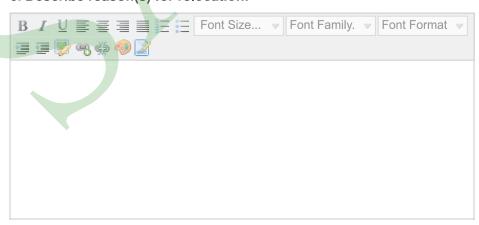


5. If the new location is part of another entity (e.g., church or college), please list the name of that entity here and add a link to the written agreement allowing the school to use that facility: \*

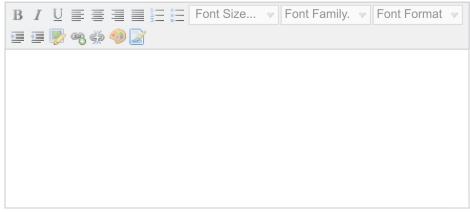


Written agreement must also be uploaded (see next/final page), or type "N/A" if not applicable

6. Describe reason(s) for relocation: \*



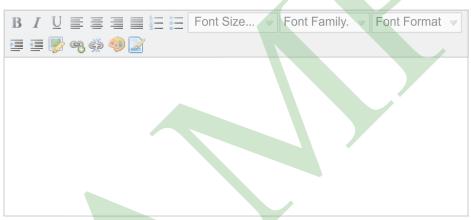
## 7. List percentage(s) of which degree(s) will be offered there: \*



Degree(s) must also be Commission-approved

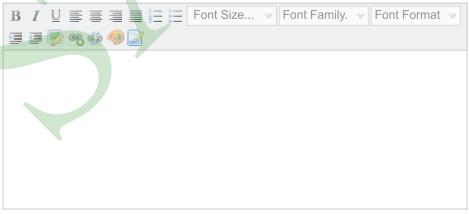
#### 8. What resources are available at the new location:

## 8a. Faculty: \*



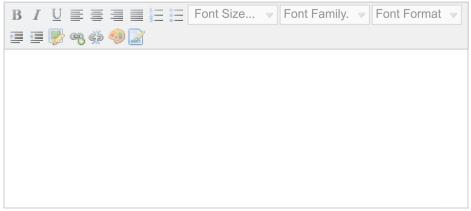
Indicate whether the location will use full-time or part-time faculty

## 8b. Facilities: \*



Describe briefly the facilities and their accessibility

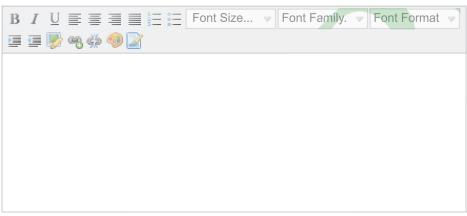
## 8c. Library: \*



Describe extent of library resources and services available to students

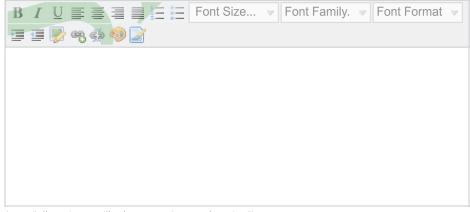
### 8d. Student Services:

\*

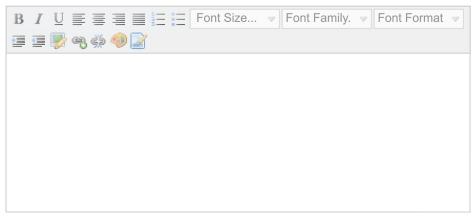


Describe nature of student support services available

- 9. Does this petition involve an additional location offering a complete degree? \*
- No\*
- Yes\*\*
- 9a. \*If NO, describe how educational needs of current students will be addressed:



9b. \*\*If YES, describe how the school's teach-out plan addresses all the criteria in Policies and Procedures III.L.1-2 and provide a link to any required documents:



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

10. Describe here how the program(s) offered at this location will be evaluated, per Standard 2.6: \*



Consider providing link(s) to any documentation describing the school's educational evaluation process

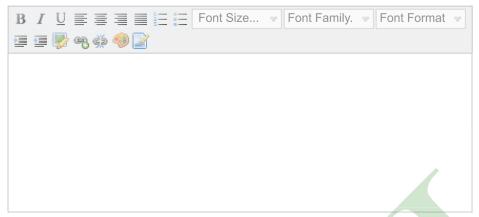
11. Does your school meet all THREE criteria for an exemption to a focused evaluation visit? (See note below) \*

í	Ye	S
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○ No

NOTE: <u>Policies and Procedures</u> IV.E.1 requires a focused visit within six months of opening an additional location that offers at least half a degree—unless the school meets these three exemption criteria in III.D.4: (1) has at least two approved additional locations offering half or more of a degree [three approved locations if school has not completed at least one accreditation cycle or has had recent public sanction], (2) is accrediting in good standing, and (3) has not been the subject of any recent Board actions raising concerns about its locations.

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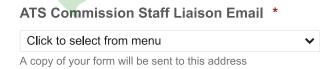


Provide link(s) to any documentation here, or consolidate all appendices and upload bookmarked PDF (next page)

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 additional locations are typically decided by the Board of Commissioners within a few months (see submission deadlines on ATS petitions and notifications webpage). If the school is adding or relocating an additional location and does not meet the three exemption criteria described in *Policies and Procedures*IV.E.1, the Board will require a focused evaluation visit within six months of the start of the new location.



CEO Email	(optional) A copy of your form will be sent to this address
CAO Email	(optional) A copy of your form will be sent to this address
ALO Email	(optional) A copy of your form will be sent to this address
PDF attachment (	optional)
Choose File No f	ile chosen cuments, consolidate these as one (bookmarked) PDF file
Additional commo	ents
	Submit

