

Notification related to School Listing

(non-substantive change of directory information)

All fields marked with * are required and must be filled,

NOTE: Association member schools that are <u>not yet accredited</u> may submit this form at any time, as needed (see below). To notify ATS of changes regarding your president, academic dean, or accreditation liaison <u>only</u>, please use <u>the "Update Member Information" form</u> instead.

The Commission's *Policies and Procedures* (VI.A.6) require accredited schools to notify Commission staff of certain types of "non-substantive" changes and to receive acknowledgement by staff of those changes before they are implemented. This form covers two types: (1) *changing the school's institutional name*, including adding a "doing business as" (DBA) name, and (2) *changing the mailing address* of an approved location but not its physical location (the latter requires a petition relocating an addition location, found on the ATS petitions and notifications webpage). This notification form may be submitted at any time, though at least 30 days before implementing the change. Commission staff will typically acknowledge this notification within 30 days. In completing this form, please include links to additional documentation as requested or as deemed helpful.

Refer to your school's listing in the ATS <u>membership directory</u> before completing this form.

i. Curre	nt name of member	er school (per listin	g in ATS membership	directory): *
Click to	select from menu			~
ii. Cont	act information for	person submitting	g this form: *	
Desfer	First Nieuwy (MAI)	Last Name	0.5	
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
v. Indicate the type of	notification being submitted: *
Click to select from menu	v
	e name listed for a member school
(per Policies and Prod	
``	
Al	I fields marked with * are required and must be filled.
1. New name of memb	per school: *
Type school name EXACTLY 2. Effective date of name change: *	as it should appear in the ATS membership directory Month Day Year
3. Reason for school's	s name change, briefly: *
Please also upload* a letter o and new names and the reason	n school stationery, signed by the chief executive officer or designee, stating the current (old) on(s) for the change; see immediately below
*UPLOAD: signed lett (required) *	er on school stationery with both names explaining the change
Choose File No file ch A single-page PDF file is prefe	erred
4. This new name will	(SELECT ONE) *
Click to select from menu	~
5. Does the school ha	ve a different legal name that will remain? *

○ No

○ Yes**
**If YES, list that name here:

Changing the mailing address for an approved location

(per Policies and Procedures IV.E.2, any change in physical location requires a substantive change petition—not this notification—if the location offers at least half a degree)

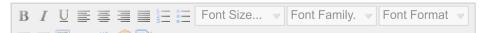
All fields marked with * are required and must be filled.

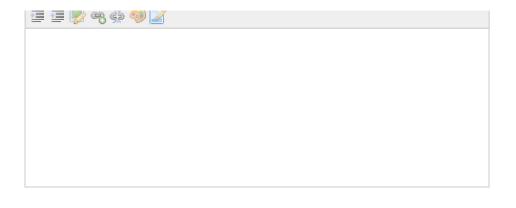
1. Current mailing address: Street Address City State / Province Please Select Country 2. New mailing address: Street Address Street Address City State / Province Please Select Postal / Zip Code Please Select Postal / Province

3. Reason for change in mailing address: *

Postal / Zip Code

Country





PDF attachment (optional)

Choose File No file chosen

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

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—and formal acknowledgement by your Commission staff liaison usually within 30 days. Please do not implement this change until you receive that acknowledgement from your liaison. There is no fee for any notification (or any 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).

ATS Commission Staff Liaison Email * Click to select from menu A copy of your form will be sent to this address 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 the	nis address		
dditional comments					
	Submit				
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