



Petition for Closing a School or Relocating the Main Campus

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 closing their school (i.e., ceasing operations permanently) or relocating their main campus (i.e., continuing operations in a new location), per [Policies and Procedures](#) IV.E.

For any closures due to mergers or acquisitions, schools should complete instead the petition for change in control or legal status. 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 this petition.

i. Name of school: *

Click to select from menu



ii. Contact information for person submitting this form: *

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 petition being submitted: *

Click to select from menu



Once petition type is selected, complete the items on the following pages

Closing the school (i.e., ceasing operations permanently)

(per Policies and Procedures IV.E; cf. III.L.1-3)

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

1. Effective date of closure: *

/ / 
Month Day Year

2. Describe reason(s) for closing and ceasing permanent operations: *

B I U [bulleted list] [numbered list] [link] [table] [undo] [redo] [font size] Font Size... [font family] Font Family. [font format] Font Format


3. Describe how and when this closure has been (will be) communicated to those affected, especially students and employees (provide links to letters/emails sent to those affected): *

B I U [bulleted list] [numbered list] [link] [table] [undo] [redo] [font size] Font Size... [font family] Font Family. [font format] Font Format


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

4. Describe how the school's teach-out plan addresses all Commission criteria (Policies and Procedures III.L); 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.L3): *

B I U [List of icons] Font Size... Font Family. Font Format

[Empty text area]

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

5. What entity will maintain the official records of the school (including student transcripts) after the closure? *

B I U [List of icons] Font Size... Font Family. Font Format

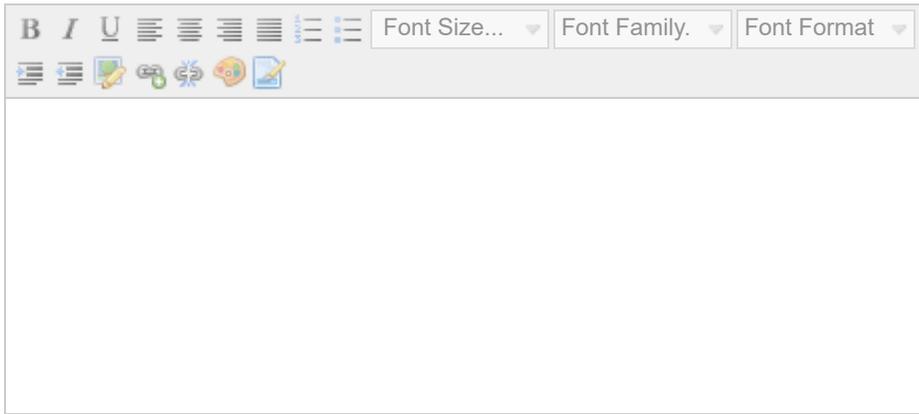
[Empty text area]

List here the address of that entity and whether it is accredited

6. Is the school accredited by another agency? *

- No
- Yes*

***If YES, list the name and contact information for that agency:**

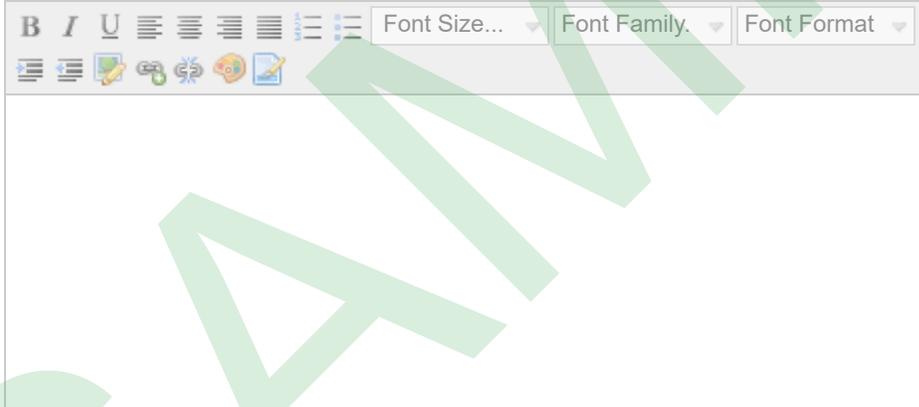


Rich text editor toolbar with options: Bold (B), Italic (I), Underline (U), Bulleted List, Numbered List, Decrease Indent, Increase Indent, Font Size..., Font Family..., Font Format. Below the toolbar is an empty text area.

7. 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 closure to that federal office and what their response has been:**



Rich text editor toolbar with options: Bold (B), Italic (I), Underline (U), Bulleted List, Numbered List, Decrease Indent, Increase Indent, Font Size..., Font Family..., Font Format. Below the toolbar is an empty text area.

Relocating the main campus and continuing operations in a new location

(per Policies and Procedures IV.E.2; cf. III.L.1-2)

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

1. Effective date of relocation of main campus: *

/ / 
Month Day Year

2. Complete address of "OLD" location:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

3. Complete address of "NEW" location:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

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

Indicate in miles or kilometers

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: *

Font Size... Font Family. Font Format

Indicate whether all faculty will relocate

8b. Facilities: *

Font Size... Font Family. Font Format

Describe briefly the new facilities and their accessibility

8c. Library: *

Font Size... Font Family. Font Format

Describe any changes to library resources and services

8d. Student Services:

*

Font Size... Font Family. Font Format

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

12. Is the school accredited by another agency? *

- No
- Yes*

***If YES, list the name and contact information for that agency:**

Font Size... Font Family. Font Format

13. 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 closure to that federal office and what their response has been:**

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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 closing a school or relocating a main campus 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 relocating its main campus, the Board will require a focused evaluation visit within six months of the effective date of relocation (relocations of embedded schools moving to another part of the campus do not require focused visits, per [Policies and Procedures](#) IV.E.2).

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 this address

PDF attachment (optional)

Choose File

No file chosen

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

Additional comments

Empty text area for additional comments.

Submit



ACCESSIBILITY
ENABLED FORM

SAMPLE