

### 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 <u>if</u> 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</u> *relocating a school's main campus* and ceasing permanent operations <u>or</u> *relocating a school's main campus* 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>.

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

Click to select from menu

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

Once petition	type is selected, o	complete the items on the fo	ollowing pages	
Click to sele	ect from menu		►	
v. Indicate	the type of p	etition being submit	tted: *	
		A copy of your form will be	e sent to this address	
iv. Email:	*			
		Position title of person sub	omitting this form	
iii. Title: *	÷			
Prefix	First Name (MI)	Last Name	Suffix	

### Adding/Expanding a location to offer half or more of a degree

(if the location is new or currently offers less than half a degree, then complete this petition; if the new location qualifies as a branch campus under Policies and Procedures IV.E.1, then consult with your Commission staff liaison before submitting this petition)



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: \*



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



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

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Degree(s) must also be Commission-approved

6. What resources are available at this location:



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

#### 6b. Facilities: \*

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Describe briefly the facilities and their accessibility

#### 6c. Library: \*

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Describe extent of library resources and services available to students

6d. Student Services:

\*

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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: \*

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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: \*

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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) \*

⊖ Yes

⊖ 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.

## 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)



#### 4. Describe reason(s) for closing this location: \*



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5. 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): \*

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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: \*

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Please ty	ype "N/A" if none

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

(per Policies and Procedures IV.E.2-3)

#### 1. Effective date for relocation of this additional location: \*

	/		/		
Month		Day		Year	

#### 2. Complete address of "OLD" location:

Street Address			
Street Address Line 2			
City	State / Province		
	Please Select	▼	
Postal / Zip Code	Country		
Street Address Line 2			
City	State / Province		
	Please Select	~	
Postal / Zip Code	Country		
4. Approximate distance between closed and new locations: *	the ex: 30 km 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: \*



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

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

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



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: \*

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Describe briefly the facilities and their accessibility

#### 8c. Library: \*

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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\*\*

10a. \*If NO, describe how educational needs of current students will be addressed:



(e.g., "all students will relocate to the new location")

10b. \*\*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

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

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

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

- ⊖ Yes
- ⊖ 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.

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

(per Policies and Procedures IV.E.1)

All	fields marked	d with * are requ	uired and must be	e filled.
1. Effective date of expansion: *	Month	/ Day	/ Year	

#### 2. Complete address of approved location:

Street Address			

Street	Address	Line	2
--------	---------	------	---

City	State / Province		
	Please Select	~	
Postal / Zip Code	Country		

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):

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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 marke	d with * are re	quired and must b	be filled.	
1. Effective date of location reduction: *	Month	/ Day	/ Year		
2. Complete address o	f location be	ing reduced:			
Street Address Line 2					
City	State / Provin Please Sele				
Postal / Zip Code 3. Describe reason(s) f	Country or reducing	this location:	*		
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4. Does this reduction involve a location that offers a complete degree? (cf. Policies and Procedures III.L; cf. IV.E.2) \*

 $\bigcirc$  No<sup>\*</sup>

⊖ Yes\*\*

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

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 <u>petitions and</u> <u>notifications webpage</u>). If the school is adding or relocating an additional location and does not meet the three exemption criteria described in <u>Policies and Procedures</u>

IV.E.1, the Board will require a focused evaluation visit within six months of the start of the new location.

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

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