

APPLICATION FOR CHANGE OF LOCATION

(To be submitted within 30 days **before** the relocation date)

State Use Only	
Ck# _____	Dt _____
Amount \$ _____	Bond # _____
Action	
Approved _____	Denied _____
Date _____	

To: Director
 Division of Private Occupational Schools
 Colorado Department of Higher Education
 1560 Broadway, Suite 1600
 Denver, CO 80202

 School Name

 Full Address at **Old** School Location

will move our school to:

 Full Address at **New** School Location

Phone: _____ Fax: _____

Web site: _____

E-mail: _____

The school will resume operations on _____
Date

Present enrollment: _____ Number of students who will not transfer: _____
Number Number

Certification: I hereby certify that students were informed of the move. Those students who informed the school of their intention to withdraw because of inconvenience were refunded tuition on a pro-rata basis. Further, all appropriate local, state and federal agencies have been informed of the move and the school has complied with all requirements.

 Name

 Title

 Signature

 Date

Attachments to this application:

- _____ 1. \$350 processing fee
- _____ 2. Using the **new address:**
 Drafts of ___ School Catalog
 ___ Enrollment Agreement
 ___ Current Advertising
- _____ 3. Using the **new address:**
 Copy of ___ Bond
 ___ Lease
 ___ Articles of Incorporation
- _____ 4. Safety Inspection Report for **new location**
- _____ 5. Supervisory Onsite Visit completed by DPOS: _____
Date