



State Use Only

Ck# \_\_\_\_\_

Dt \_\_\_\_\_

Amount \$ \_\_\_\_\_

APPLICATION FOR CHANGE OF LOCATION

(To be submitted within 30 days before the relocation 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 \_\_\_\_\_

Present enrollment: \_\_\_\_\_ Number of students who will not transfer: \_\_\_\_\_

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. \$500 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: \_\_\_\_\_