



<b>State Use Only</b>	
Ck#	_____
Date	_____
Amount \$	_____

## APPLICATION FOR CHANGE OF NAME

(Please submit within 30 days **before** the effective date of name change)

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

\_\_\_\_\_  
**Former** School Name

**New Name:** \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web site: \_\_\_\_\_

E-mail: \_\_\_\_\_

Effective date of change: \_\_\_\_\_

Reason for change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***I certify that the information herein and attached hereto is correct:***

\_\_\_\_\_  
Name of Owner/Chief Executive Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Attachments to this application:**

- \_\_\_\_\_ 1. \$250 processing fee
- \_\_\_\_\_ 2. Using the **new name:**  
 Drafts of \_\_\_ School Catalog;  
               \_\_\_ Enrollment Agreement;  
               \_\_\_ Current Advertising
- \_\_\_\_\_ 3. Using the **new name:**  
 Copy of \_\_\_ Bond;  
            \_\_\_ Lease;  
            \_\_\_ Articles of Incorporation