



**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  
1600 Broadway, Suite 2200  
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: \_\_\_\_\_  
Date 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. \$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: \_\_\_\_\_  
Date