



State Use Only	
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
 1600 Broadway, Suite 2200
 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