Application for Approval to Offer Distance Education in New York State

Institution Overview

Institution Information

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| --- | --- |
| Institution Name: |  |
| Institution Address: |  |

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| --- |
| Name and address of the principal campus or central administrative unit, if different from above: |
|  |
| United States Department of Education (USDE) Recognized Institutional Accrediting Body: |
|  |
| List the homepage URLs of all websites this institution uses to represent itself: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Institution Type: | Current FTE Enrollment: | OPEID: | Employer Identification Number: |
| Choose an item. |  |  |  |

Primary Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Title: |  | Telephone: |  |
| E-mail: |  |  |  |

Secondary Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Title: |  | Telephone: |  |
| E-mail: |  |  |  |

State Authorization Reciprocity Agreement (SARA)

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| --- |
| If the institution is legally domiciled in a state that is participating in SARA, explain why the institution is not participating in SARA: |
|  |

Signature

I hereby certify that I am the applicant institution’s Chief Administrative Officer and I attest on behalf of the institution that the information contained in this application is complete and accurate.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Chief Administrative Officer Signature | Print Name | Date |