Application for Approval to Offer Distance Education in New York State

Payment Form

Please include this form with your institution’s check when applying to NYSED for approval to offer distance education programs in New York State.

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| INSTITUTION |  |
| Name: |  |
| OPEID: |  |
| FISCAL CONTACT |  |
| Name: |  |
| Telephone Number: |  |
| E-mail Address: |  |
| PAYMENT |  |
| Payable to: | New York State Education Department |
| Check Number: |  |
| Check Amount: | $17,000 |

Remit payment to: New York State Education Department

ATTN: Out of State Distance Ed

Office of College and University Evaluation

89 Washington Avenue, Room 960 EBA

Albany, NY 12234

NYSED review of your application will commence once payment is processed.