

APPLICATION FOR AN INAUGURAL AUTHORIZATION TO OPERATE A PRIVATE POSTSECONDARY CAREER SCHOOL IN NEBRASKA # 2 FORM -- 5 PROGRAMS OR MORE

Name of School:			Administrative Director of School:		
School Address including Street, City, State, Zip:			Home Address of Administrative Director, including Zip:		
Mailing Address of School including Zip:			Enclosed are completed Administrative Director and Instructor Qualification Forms.		
Telephone:	E-Mail Address:	Web Site:	Attached is a statement verifying that none of the following persons have any felony convictions: (1) any persons having twenty-five (25) percent or more ownership of the applicant school (2) resident director (3) administrative staff members.		

The ownership of this school is a sole proprietorship. The name and home address of the proprietor are listed below.
 The ownership of this school is a partnership. The names and titles of all partners with their respective home addresses are listed below.
 The ownership of this school is a corporation. The name and address of the corporation, and the names and titles of corporate officers with their respective home addresses are listed below. FISCAL YEAR END DATE: ____/____/____

Name of Proprietor, Partnership, or Corporation:			Home Address of Proprietor/Partner or of Corporation, including Zip Code:		
Name and Title:			Home Address:		
Name and Title:			Home Address:		

Enclosed are the names, addresses, and current status of all schools of which the applicant has previously owned any interest in, and currently owns any interest in, and a declaration as to whether any of these schools were ever denied accreditation, licensing, or authorization to operate from any governmental body or accrediting agency.

Enclosed are copies of the owners' financial statements (balance sheet & income statement) and/or the most recent federal and state income tax returns. Enclosed is a surety bond or other agreement acceptable to the Department (\$20,000) and the non-refundable statutory fee of \$360.00 plus \$135.00 per program made payable to the Nebraska Department of Education.

Program Title	Student/Teacher Ratio	Days of Attendance							Program Objective		Mode of Delivery		Maximum Enrollment Size	Program Length				Program Measurement		Tuition Charge Per Quarter/Semester	Total Tuition Charge Per Program
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Certificate	Diploma	Resident	Home Study		Days	Weeks	Months	Years	Clock Hours	Credit Hours		
Listed below are the programs which will be offered. (Enclosed for each program listed, is a course outline, a course description, and a class schedule showing dates and hours of attendance, not given in the catalog. Attached is a list of major items/tools/ equipment available or which will be made available. (Included is information relative to year, make, and model.)																					

