

IDENTIFICATION OF A BRANCH LOCATION OF A PRIVATE POSTSECONDARY CAREER SCHOOL LICENSED IN NEBRASKA

[A branch is an auxiliary location of an institution offering full programs(s) or series of classes with a purpose of completing specified program objective(s).]

Specific Location of Branch, including Name of the Building, Room/Suite, Street, City, State and Zip

Name, Title, and Telephone Number of School Official at Branch

Where will the of enrollment of students be done?

Where will the records for students be maintained?

Who will be responsible for access to the records if not the contact person?

Distance from Main Campus in Miles

Name of Parent School

Program Title(s)

Program Objective:	Program Length in Days, Weeks, Months, Years	Clock Hours (cl. hrs.) and/or Credit Hours (cr. hrs.)	Date First Class/ Program Will Start	Date First Class/ Program Ends	NCD, State Maximum Enrollment Size	Tuition Rate Per Quarter/ Semester
Credential Awarded: Certificate, Diploma, Associate, Other						

Enclosed are the following: **1)** Documentation of compliance with local, state, fire, safety and sanitation standards are required by the appropriate regulatory authorities; **2)** enrollment agreement; **3)** copies of advertising and other promotional materials used identifying branch; **3)** a copy of the catalog or brochure identifying branch and courses/programs taken at the location; **4)** Instructor Qualification Forms if not listed on Data Base for the school; **5)** \$100.00 fee per branch.

We have programs approved for veterans and other eligible persons and would like this branch location to be available. We have submitted three (3) additional copies of Course Description, Course Outline, and other supporting documents , i.e., class schedules, calendars. If referencing pages of a catalog, please submit three (3) additional copies of each of the pages referenced.

Send to Program Director, Private Postsecondary Career Schools and Veterans Education, Nebraska Department of Education, P.O. Box 94987, Lincoln, NE 68509-4987.

This form may not be reworded.

I certify that the branch facility is under the identical ownership as the main school; is operated in accordance with standards prescribed by appropriate state and federal laws; offers full student services; is under the full-time supervision of an on-site director who is an experienced educational administrator, and complies with the standards maintained by the main school. I further certify that the information herein and attachments are correct in content and policy.

Signature of Parent School Official, Title, and Date:

