



Bureau for Private Postsecondary Education  
P.O. Box 980818  
West Sacramento, CA 95798-0818

**OFFICE USE ONLY**  
Date Stamp \_\_\_\_\_

SAIL application # \_\_\_\_\_

Application fee \_\_\_\_\_ Date \_\_\_\_\_

School Code \_\_\_\_\_

Revenue Code **1257009N / 1257009V**

### Application for Addition of a Separate Branch

*(California Education Code §§ 94894, 94896; Title 5, California Code of Regulations § 71550)*

- Approved Institution \$3,000.00 non-refundable fee**  
 **Institution Approved by means of Accreditation \$250.00 non-refundable fee**

#### 1. INSTITUTION

Name \_\_\_\_\_

School Code \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

#### 2. PROPOSED BRANCH

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

#### 3. INSTITUTION'S CONTACT PERSON (for this application)

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**If this institution is approved by means of accreditation skip to #14.**

Attached is a certified copy of the current verification of accreditation granted by the accrediting agency.

#### 4. DATE

The date the institution proposes to open the new branch.

**5. STUDENTS**

Provide the projected number of students that the proposed branch will serve and the basis for that projection.

Document is attached:  Yes  No

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**6. PURPOSE**

Reasons for establishing a separate branch, and how the proposed branch helps to further the institution's mission and objectives.

Document is attached:  Yes  No

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**7. ADMINISTRATIVE RELATIONSHIP**

Describe the planned administrative relationship between the main location and the proposed branch, including the nature and extent of the supervision by the chief academic officer, chief operating officer, chief executive officer, and administrators at the main location of the activities of the proposed branch.

Document is attached:  Yes  No

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**8. DESCRIPTION OF EDUCATIONAL PROGRAM**

For each educational program that the institution offers or proposes to offer at the proposed branch, attach a statement that the educational program meets the requirements of 5 C.C.R. section 71710. In addition, a description of the educational program, the equipment to be used during the educational program, and the number and qualifications of the faculty needed to teach the educational program.

Document is attached:  Yes  No

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Differences between any programs approved at the main location and the programs the institution proposes to offer at the branch location, including differences in admission standards, degree requirements, curricula, and standards for student achievement.

Document is attached:  Yes  No

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**9. FINANCIAL RESOURCES AND REPORTS**

Describe the impact of the branch on the financial resources of the institution, including the institution's ability to comply with 5 C.C.R. section 71240.

Document is attached:  Yes  No

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**10. FACULTY**

Attach a statement that the institution has contracted with duly qualified faculty as provided in 71250 at the proposed branch, include whether faculty will teach only at the proposed branch or will be shared among the institution's locations.

Document is attached:  Yes  No

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**11. FACILITIES AND EQUIPMENT**

For each program offered, include a description of the facilities and the equipment which is available for use by students at the proposed branch location of the institution

Document is attached:  Yes  No

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For facilities that are leased or rented, include the name and address of the lessor or landlord, together with a copy of any use, lease, or rental agreements for the facilities.

Document is attached:  Yes  No (if no, indicate reason)

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Include building diagrams or campus maps. The diagrams or maps shall identify the location of classrooms, laboratories, workshops, and libraries.

Document is attached:  Yes  No

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Include specifications of significant equipment that demonstrate that the equipment meets the standards prescribed by the Code and is sufficient to enable students to achieve the educational objectives of each educational program.

For each item of significant equipment indicate whether the equipment is owned, leased, rented, or licensed for short or long term, or owned by another and loaned to be used without charge.

Document is attached:  Yes  No (if no, indicate reason)

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List of all permits, certifications, or other evidence of inspections or authorizations to operate required by the jurisdictions within which the institution operates that the institution has obtained, and/or an explanation as to why those permits, certification, or inspections have not yet been obtained.

Document is attached:  Yes  No

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**12. LIBRARIES AND OTHER LEARNING RESOURCES**

Describe library holdings, services, and other learning resources, including policies and procedures for supplying them to students who do not receive classroom instruction. Include an explanation of how the library and other learning resources are sufficient to support the instructional needs of students. If no facilities exist at the institution, how and when students may obtain access to a library and other learning resources as required by the curriculum.

Document is attached:  Yes  No (if no, indicate reason)

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**13. ADDITIONAL INFORMATION**

Include any material facts, which have not otherwise been disclosed in the application that might reasonably affect the Bureau's decisions to grant an approval to operate.

Document is attached:  Yes  No

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**14. DECLARATION UNDER PENALTY OF PERJURY**

- Each owner of the institution, or
  - If the institution is incorporated, by the chief executive officer of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
  - By each member of the governing body of a nonprofit corporation.
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**I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owning \_\_\_\_\_% of Ownership      Member, Board of Directors \_\_\_\_\_      General Partner \_\_\_\_\_

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Attach Additional Sheet(s) if Necessary