

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

OFFICE	USE	ONLY
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Date Stamp

SAIL application #		
Application fee	Date	
School Code		
Revenue Code 1257009W / 1257009V		

Application for Significant Change in Method of Instructional Delivery or Change in Distance Education Learning Management System (California Education Code §§ 94894, 94896; Title 5, California Code of Regulations § 71600)

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 □ Approved Institution \$500.00 non-refundable fee □ Institution Approved by means of Accreditation \$250.00 non-refundable fee 			
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1. INSTITUTION Name:		School Code:	
Address			
City	State	Zip	
Phone Number	Fax Number		
2. INSTITUTION'S CONTACT PERSON (for this a	application)		
Name	Email Address		
Address			
City	State	Zip	
Telephone Number	Fax Number		
If this institution is approved by means of accreditation skip to #9.			
Attached is a certified copy of the current verification of a Note: If a question is not applicable to your circ			
3. PROPOSED NEW METHOD Provide a description of the proposed new method of delivery (for example: synchronous or asynchronous;			
hybrid, online, correspondence, or direct; lecture, lab, internship/externship, or practicum; or change of distance			
education learning management system). Identify the proposed distance education learning management system (if applicable) and provide log-in information for Bureau access.			
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Document is attached: Yes No			
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4. CURRICULUM Explain how any educational program offered through distance education is appropriate for delivery through distance education methods, pursuant to 5 CCR section 71715(d)(1).			
Document is attached:YesNo			
Describe how the institution's programs and materials are designed to be in compliance with section 71715(d)(3).			
Document is attached:YesNo			
Describe methods of evaluation of measurable student learning outcomes, as described in section 71715(d)(6) and sections 71710(a)(5) and (6).			
Document is attached:YesNo			
Provide syllabi compliant with section 71710(a)(3) for each proposed program.			
Document is attached:YesNo			
5. FACULTY Provide a description of how the proposed change will result in any significant changes in existing faculty. Provide qualifications of any newly (tentatively) contracted faculty to instruct in their assigned subject areas, as described in section 71720.			
Document is attached: Yes No			
Describe how the institution will provide students with meaningful faculty interaction, as described in section 71715(d)(4).			
Document is attached: Yes No			
Describe how the institution ensures that faculty are qualified to teach using distance education methods, as described in section 71715(d)(4).			
Document is attached: Yes No			

6. FACILITIES & EQUIPMENT

Provide a description of changes made to facilities and equipment as a result of the proposed change in Method of Instructional Delivery.

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Document is attached:	Yes	No	
7. IMPLEMENTATION			
			idents (prior to admission) for skills and competencies cribed in section 71715(d)(2).
Document is attached:	Yes	No	
Provide the proposed cata as required by 71715(d)(7)		outlining the tir	neframe for faculty evaluation of student submissions
Document is attached:	Yes	No	
			ime) instruction, provide the enrollment agreement and the institution's refund policy as described in 71716(d)
Document is attached:	Yes	No	
			a record of the dates on which lessons, projects, and ed to each student as described in 71715(d)(8).
Document is attached:	Yes	No	
8. ADDITIONAL INFORM Provide any material facts, a application that might reaso Document is attached:	as defined in s), which have not otherwise been disclosed in the isions to grant an approval.
Each owner of the instituti If the institution is incorpo 25 percent or more of the st	e signed wit on, or each pa rated, by the c ock, or interes	h original or artner in a partre thief executive at in the institution	digital signature by the following: ership,_or officer or president_of the corporation and each owner of
	of perjury u	nder the laws	of the State of California that the foregoing and
Signature			Date

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Name				
Address				
City		State	Zip	
			Member, Board of Directors	
General Partner				
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				
Attach Additional Sheet(s) if Ne	ecessary			
Document is attached: Ye	s No			

NOTICE ON COLLECTION OF PERSONAL INFORMATION

The information requested on this application is mandatory pursuant to CEC sections 94894, 94896 and Title 5 CCR section 71600. Failure to provide all of the information requested will result in the application being ineligible for processing, or subject to denial (Title 5 CCR section 71655). The information provided will be used to determine qualification of the applicant for authorization to make a substantive change to its approval to operate by the Bureau for Private Postsecondary Education (Bureau). The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information maintained by the Bureau unless the records are exempted from disclosure by law. For questions about this notice or access to your records, you may contact the Bureau for Private Postsecondary Education, P.O. Box 980818, West Sacramento, CA 95798-0818, by phone at (916) 574-8900, or by email at bppe@dca.ca.gov.

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