

APPENDIX D

STATE OF NEBRASKA  
COORDINATING COMMISSION FOR POSTSECONDARY EDUCATION

**AUTHORIZATION TO OPERATE**

Institution:

Address:

Owner:

Level of authorization:

- Administrative office
- Less than a complete program

Limitations:

- One or more complete programs

Level: (check all that apply)

- Less than associate
- Associate
- Baccalaureate
- Master's
- Doctorate

Limitations:

Length of authorization:

Date issued:

Effective date: