

STATE OF NEBRASKA  
COORDINATING COMMISSION FOR POSTSECONDARY EDUCATION

*This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.*

**RENEWAL APPLICATION**  
**FOR INSTITUTIONS HOLDING A RECURRENT AUTHORIZATION TO OPERATE IN**  
**NEBRASKA**

**Procedures for Submitting the Application**

1. Send the application form, fee, and any supporting materials to:

Executive Director  
Coordinating Commission for Postsecondary Education  
P.O. Box 95005  
Lincoln, NE 68509-5005

OR

Submit the application via email to Kathleen Fimple at:  
[Kathleen.fimple@nebraska.gov](mailto:Kathleen.fimple@nebraska.gov), with the fee sent by U.S. mail.

2. A non-refundable [application fee](#) for the Commission's administrative costs shall be submitted with each application. Make checks payable to "Coordinating Commission for Postsecondary Education."
3. Clearly mark all supporting material for easy location by the reviewer.
4. The Commission may request additional information deemed necessary for an appropriate determination of compliance with the evaluation criteria.

STATE OF NEBRASKA  
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**RENEWAL APPLICATION**  
**FOR INSTITUTIONS HOLDING A RECURRENT AUTHORIZATION TO OPERATE IN**  
**NEBRASKA**

**Date:** \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

**Nebraska Street Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Web site for institution's  
location in Nebraska:** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address if different than above:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Corporate Address if different  
from above (if applicable):** \_\_\_\_\_

**Please provide the information requested in sections 1 through 3.**

- 1. Student Data** – For the most recent academic year (specify time frame used)
  - Number of students enrolled in the institution in the Nebraska location (headcount and FTE)
  - Number of students enrolled in each program offered in the Nebraska location (headcount and FTE)
  - Number of graduates from each program offered in the Nebraska location
  
- 2. Accreditation** (a copy of the statement/s of affiliation status may be used for this section if it contains the requested information)
  - Name of the body that accredits the institution
  - Status of institutional accreditation, including the date of the most recent accreditation and any required reports or actions
  - A list of all programmatic accreditations
  - Status of all programmatic accreditations, including the date of the most recent accreditation and any required reports or actions
  
- 3. Financial Soundness and Ability to Fulfill Commitments to Students**
  - The most recent audited financial statements for the Nebraska location and a copy of the management letter
  - Tuition and fees for the most recent academic year or term
  - Copy of the Title IV Program participation Agreement with the US Department of Education (for institutions participating in federal financial aid programs) or a copy of the tuition refund policy if not participating in Title IV
  - Student loan default rates for the Nebraska location
  - Relationship between the hours of instruction and the credits awarded

**For sections 4 through 10:**

- If there has been no change on an item, including all portions of multiple part items, since you last reported the specified information to the Commission, check the box in the left-hand column and go to the next item.
- If there has been a change, note the change on the application or provide an attachment describing the change.



**4. Legal Status of the Institution**

- a.  Nonprofit (please provide documents of incorporation, and if available §501 (c) (3) status documentation, that provide business name and address; names, titles, and business addresses of all principals in the business)

- b.  For-profit (please provide documents of incorporation or other legal documents that provide business name and address; names, titles, and business addresses of all principals in the business)

Is ownership:

- proprietorship,  partnership,  corporation?

Has the business, a principal officer in the business, or a shareholder with 25% or more ownership interest in the business filed for bankruptcy during the preceding five years?

- yes  no



**5. Program/s Offered**

- The program title/s and associated award/s (degree, diploma, certificate)
- Curriculum description/s
- Any licensure or certification requirements for the field/s
- Admission requirements



**6. Quality of Faculty**

- Number of faculty teaching in the program/s
- Qualifications of each faculty member (vitae, resume, or other biographical information)



**7. Library and Support Services**

- Library and learning resources
- Written agreements with local libraries regarding shared resources
- Agreements with online libraries or data sources
- Support services for students such as academic or career advising
- Instructional equipment



**8. Facilities**

- The street address of any location where instruction takes place if different from the location listed on page 2
- Street address of the administrative offices if different from instructional location or corporate office listed on page 2
- Copies of leases or facility use agreements



**9. Affiliations and Transfer of Credits**

- Any articulation agreements with Nebraska postsecondary institutions

- Any other affiliations with Nebraska postsecondary institutions regarding the transfer of credits, joint use of faculty or facilities, or other supportive relationships
- Any other affiliations or agreements for student activities such as internships, clinical placements, student teaching or observation, etc.

**10. Other Information**

The institution may provide any other information not requested above that is relevant to its renewal application.