



MIKE KRAUSE  
Executive Director

STATE OF TENNESSEE  
**HIGHER EDUCATION COMMISSION**  
PARKWAY TOWERS, SUITE 1900  
NASHVILLE, TENNESSEE 37243-0830  
(615) 741-5293  
FAX: (615) 532-8845

BILL LEE  
Governor

### INFORMATION REQUEST

(Applicable to Institutions Exempt Pursuant to T.C.A. § 49-7-2004(a)(6))

Pursuant to T.C.A. § 49-7-2004(a)(6), each campus must submit a complete Information Request form for consideration of its exemption status. The primary campus should not list a branch, satellite or extension campus as part of its request since each location must submit a separate Information Request form. Staff assistance with completing this form is available at (615) 741-5293.

INSTITUTIONAL DATA	
Institution Name:	
OPEID No.:	
Please select one: <input type="checkbox"/> Primary Campus <input type="checkbox"/> Branch/Satellite/Extension Campus	
Address:	
City:	State:
ZIP:	County:
Institution Contact Data	
Telephone No.:	Fax No.:
Web Site:	Email:
Name and Title of On-Site Director (Administrator):	
CONTACT PERSON FOR THIS FORM	
Name:	Title:
Address:	
City:	State:
ZIP:	County:
Telephone No.:	Email:
PERSON AUTHORIZED TO RESPOND TO COMPLAINTS FROM TENNESSEE RESIDENTS	
Name:	Title:
Address:	
City:	State:
ZIP:	County:
Telephone No.:	Email:

## AFFIRMATION OF PERSON WHO PREPARED THIS FORM

I affirm the following are true:

- I have completed or reviewed this form in its entirety.
- The institution has had its primary campus domiciled in the same state for at least twenty (20) consecutive years and continues to have its primary campus domiciled in that state.
- This request is for **(please check the appropriate box)**
  - the primary campus.
  - a branch, satellite or extension campus located in the same state where the primary campus is domiciled.
  - a branch, satellite or extension campus located in a state other than the state where the primary campus is domiciled, but has been located in the state where the alternate location is presently located for at least twenty (20) consecutive years.
- The campus is accredited by an accrediting agency recognized by the United States Department of Education (USDOE) and the primary campus has been accredited by a recognized accreditor for at least twenty (20) consecutive years.
- The institution is chartered where its primary campus is domiciled as a not-for-profit entity and has continuously been so chartered for at least twenty (20) consecutive years.
- The institution meets and maintains financial standards deemed acceptable by the accreditor for the purpose of maintaining accreditation and USDOE for the purpose of being a Title IV eligible institution.
- The information contained in the attached documents is accurate.

<b>Signature:</b>	
<b>Print Name:</b>	
<b>Title:</b>	
<b>Date:</b>	

## ATTACHMENT CHECKLIST

Provide the items in the checklist in order for the application to be complete. Refer to T.C.A. § 49-7-2004(a)(6) for additional information. Upon receipt of this form and other documentation, DPSA will review the materials and determine whether the institution meets the requirements of T.C.A. § 49-7-2004(a)(6). If further information is needed, DPSA will contact the above listed individual.

<b>DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION</b>	
<input type="checkbox"/>	1. <b>TENNESSEE STUDENTS</b> - Provide the number of Tennesseans enrolled at the institution as either full-time or part-time students during the past fiscal year. Pursuant to Rule 1540-01-02-.03(27), "enrollment refers to those students who have attended one (1) session of class, turned in one (1) assignment, or received one (1) distance learning lesson."
<input type="checkbox"/>	2. <b>TENNESSEE ACTIVITIES</b> - For institutions without a physical location in Tennessee, provide a summary of the institution's recruitment and a list of activities in Tennessee.
<input type="checkbox"/>	3. <b>GRIEVANCE POLICY</b> - Attach a copy of the institution's grievance policy found in the student handbook or catalog. Be sure to include the page of the student handbook or catalog indicating the version and date of the student handbook or catalog.
<input type="checkbox"/>	4. <b>STATE DOMICILE</b> - Provide documentation which shows the primary campus has been domiciled in the same state for at least twenty (20) consecutive years and continues to have its primary campus domiciled in that state.
<input type="checkbox"/>	5. <b>NOT-FOR-PROFIT</b> - Provide documentation that the primary campus is chartered as a not-for-profit entity in its place of domicile and has continuously been so chartered for at least twenty (20) consecutive years.
<input type="checkbox"/>	6. <b>ACCREDITATION</b> - Provide documentation that the campus is accredited by an accrediting agency recognized by the USDOE and the primary campus has been accredited by a recognized accreditor for at least twenty (20) consecutive years.
<input type="checkbox"/>	7. <b>FINANCIAL STANDARDS</b> - Provide documentation that the institution maintains financial standards deemed acceptable by the accreditor to maintain accreditation or, if receiving Title IV, documentation that the institution maintains financial standards deemed acceptable by USDOE for the purpose of being a Title IV eligible institution.

### SEND THE COMPLETED APPLICATION PACKAGE

**via standard mail:**

Attn: Dr. Stephanie Bellard Chase  
Tennessee Higher Education Commission  
Parkway Towers, Suite 1900  
404 James Robertson Parkway  
Nashville TN **37243-0830**

**via FEDEX, DHL or UPS:**

Attn: Dr. Stephanie Bellard Chase  
Tennessee Higher Education Commission  
Parkway Towers, Suite 1900  
404 James Robertson Parkway  
Nashville TN **37219-1585**

**via email to:**

[thec.dpsa-application@tn.gov](mailto:thec.dpsa-application@tn.gov)  
with the subject line:  
Information Request Form

**KEEP A COMPLETE COPY OF THE APPLICATION PACKAGE FOR YOUR FILES.**