

**OFFICE OF NON-RESIDENT INSTITUTIONS**  
**Alabama Commission on Higher Education**  
**P. O. Box 302000, Montgomery, AL 36130-2000**  
**100 North Union Street, Suite 782, Montgomery, AL 36104-3758**

## Application for Programmatic Review

Initial Application     /      Renewal Application

**Introduction:** Out-of-state postsecondary institutions seeking to establish a physical presence in Alabama or to recruit Alabama students must be licensed or exempt from licensing by the Private School Licensing Division at the Alabama Community College System (ACCS). Licensure is contingent on programmatic approval or exemption from review by the Alabama Commission on Higher Education (ACHE) [see <https://www.accs.edu/about-accs/private-school-licensure/>].

The Code of Alabama authorizes certain institutions to offer postsecondary programs of instruction to Alabama residents, including NC-SARA participants without a physical presence in Alabama [<https://admincode.legislature.state.al.us/administrative-code/300-2-1-.02>]. *Therefore, institutions that are authorized by the Code of Alabama or exempt from ACCS licensure are exempt from ACHE review and do not need to submit an ACHE application.* Otherwise, institutions that meet criteria for ACHE exemption should complete and submit an “Application for Exemption from Programmatic Review” available at [Prog\\_Review\\_Exemptions.pdf \(ache.edu\)](#). Please note: Exemption from ACHE programmatic review does not exempt an institution from Alabama licensure.

**Instructions:** To apply for programmatic review, complete the following application and submit to [NRI@ache.edu](mailto:NRI@ache.edu) or by surface mail at the address above. No fee is payable to ACHE for this application or for programmatic review.

A complete application includes an online link, attachment, or paper copy of –

- the current academic catalog;
- documentation of current accreditation (if applicable);
- licensure by the institution’s state of record, articles of incorporation, charter, or other authorizing documents (as applicable);
- any attachments needed to complete responses in this application.

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### PART I: ORGANIZATIONAL STRUCTURE

#### 1. INSTITUTION/CAMPUS LOCATION:

(a) \_\_\_\_\_

Main Campus Name

(b) \_\_\_\_\_

Mailing Address

(c) \_\_\_\_\_

Institution OPE ID#<sup>1</sup>

*If the institution does not participate in USDE federal Title IV programs, enter “N/A.”*

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<sup>1</sup> The OPE ID number is a unique 8-digit number assigned to postsecondary educational institutions that are currently/formerly participating in federal Title IV programs or that want to apply for participation.

2. GOVERNANCE:

(a) Name of institution's parent headquarters, agency, or corporation administrative center (Board of Regents; Board of Trustees; *etc.*)

\_\_\_\_\_

(b) Location/Address of headquarters, agency, or corporation administrative center:

\_\_\_\_\_

(c) Name and title of the Chief Executive Officer for the headquarters/agency/corporation:

\_\_\_\_\_

(d) State(s) of incorporation or legal authority to operate (*e.g.*, state charter):

\_\_\_\_\_

3. Please provide a link to documentation that formally establishes the institution (*e.g.*, state charter, articles of incorporation, or headquarters/agency/corporation documentation). If documentation is not available online, please give physical location where the documentation is maintained.

\_\_\_\_\_

4. ADMINISTRATION:

(a) Name/Title of the campus President, Chancellor, or Chief Executive Officer.

\_\_\_\_\_

(b) Name of the institution's Chief Academic Officer. Include mailing address, email address, and telephone number.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

5. DATE INSTITUTION WAS ESTABLISHED: \_\_\_\_\_

6. DATE OF LICENSURE: Year the institution was first licensed by its state of record, if applicable. \_\_\_\_\_

7. ACCREDITATION (if applicable): Name, address, and year of most recent institutional accreditation. Note: To be considered for ACHE programmatic review, institutions that are not accredited or that are accredited by an agency not recognized by the United States Department of Education or Council for Higher Education Accreditation must have and underwrite an external review of its programs by one or more outside consultants chosen by ACHE. [Code of Alabama: <https://admincode.legislature.state.al.us/administrative-code/300-2-1-.02>]

Accreditor: \_\_\_\_\_

Address: \_\_\_\_\_

Year of most recent institutional accreditation: \_\_\_\_\_

8. ENROLLMENT:

(a) Total institutional enrollment: \_\_\_\_\_

(b) Total onsite enrollment in Alabama: \_\_\_\_\_

(c) Total online enrollment in Alabama: \_\_\_\_\_

9. BRANCH OR OFF-CAMPUS OPERATIONS:

(a) State(s) within the United States other than Alabama where branch or off-campus operation(s) are located:

\_\_\_\_\_

(b) Countries outside the United States where branch or campus operations are located:

\_\_\_\_\_

**PART II: ALABAMA OPERATIONS – PROGRAMS OF INSTRUCTION**

10. PROGRAMS PROPOSED: On the chart below list the programs requested to be approved for Alabama students. Copy the chart as needed for additional entries.

Program Name	CIP Code	Specialized Programmatic Accreditation [if any]	Tuition	Instructional Delivery System (check applicable column)	
				On-site	Online
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. PROGRAM INFORMATION: For each program listed in the “Programs Proposed” chart above, provide the direct link in the official academic catalog where the following information is published:

(a) Objectives of the program: link \_\_\_\_\_

(b) Curriculum outline: link \_\_\_\_\_

(c) Description of externships or clinical experiences, if applicable: link \_\_\_\_\_

SITE LOCATION(s): List the location(s) in Alabama with the address of the site(s) where the program(s) of instruction will be taught or clinical rotations/internships will be conducted.

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12. CONTACT INFORMATION: Provide name(s), title(s), mailing address(es), email address(es), and telephone number(s) of the authorized contact(s) for the site(s) where program(s) of instruction will be taught or clinical rotations/internships will be conducted. List additional entries as needed.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

13. REGIONAL COORDINATOR: Provide the name, title, mailing address, email address, and telephone number(s) of regional coordinator, if applicable.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

14. PROCTORING EXAMINATIONS: If the program is online, describe the method(s) used for proctoring examinations.

15. LIBRARY/RESEARCH RESOURCES: Describe library, reference, and other resources available to Alabama students.

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**PART III: FACULTY QUALIFICATIONS**

16. FACULTY: Total number of faculty supporting the programs proposed: \_\_\_\_\_. Provide the following information via the chart below or a similar spreadsheet. Copy the chart as needed for additional entries.

Last Name	First Name	Highest Degree Earned and Institution

17. FACULTY SELECTION PROCESS: Describe the faculty selection process for this institution.

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**PART IV: STUDENT SUPPORT SERVICES**

18. OFFICE OF STUDENT AFFAIRS: Name of the institution's senior officer for student affairs. Include mailing address, email address, and telephone number.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

19. STUDENT RECORDS: Where are permanent student records maintained?

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20. STUDENT ADVISORS: Name(s), title(s), mailing address(es), email address(es), and telephone number(s) of the person(s) authorized to act as advisor(s) to Alabama students.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

21. Where is the institutional grievance procedure published? Give the specific location or a direct link.

\_\_\_\_\_

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**PART V: CERTIFICATION OF APPLICATION**

23. COMPLIANCE WITH U.S. CODE OF FEDERAL REGULATIONS: If the institution participates in U.S. federal student financial aid, the state agency or governing authority certifies that it complies with U.S. Code 34 CFR §668.43: Institutional and Financial Assistance Information for Students ([https://www.govregs.com/regulations/title34\\_chapterVI\\_part668\\_subpartD\\_section668.43](https://www.govregs.com/regulations/title34_chapterVI_part668_subpartD_section668.43)).

24. AUTHORIZED PREPARER: Institutional or corporate officer authorized to prepare and submit this application.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_



25. PRIMARY CONTACT: The institution's primary ACHE contact for this application if different from the Authorized Preparer named in item #24 above.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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**PART VI: AFFIDAVIT**

I, \_\_\_\_\_, being duly sworn, depose and state that each of the statements in this application and all items attached to this application are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
*Signature*

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

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Public \_\_\_\_\_

County and State \_\_\_\_\_

My Commission Expires \_\_\_\_\_