

CHANGE OF NAME APPLICATION

Prior to the anticipated date of the name change, provide the following information and documentation along with the processing fee required per ACCET Document 10 – Fee Schedule.

1. Current Corporate Name of Institution: _____

d/b/a (if applicable): _____

2. Proposed Corporate Name: _____

d/b/a (if applicable): _____

3. Address: _____

Telephone Number: (____) _____ (FAX) (____) _____

Email: _____

4. Classification of institution: Vocational Avocational
Title IV Institution Yes No

5. Is the name change applicable to all approved sites? Yes No

If No, identify the site(s) not affected by this request. Main Branch(es)¹

Complete a separate Document 37 – Change of Name Notification/Application for each site requiring a name change.

6. Is the proposed change of name the result of a change of ownership? Yes No

If yes, refer to ACCET Document 22 – Change of Ownership or Control.

7. Rationale for Name Change (use additional page(s) if necessary): _____

8. Attach documentation verifying that the name change is approved by the required state and/or local regulatory agencies.

Authorized Signature and Title: _____

Date: _____

¹ Names must be consistent for all sites except in cases where state regulation prohibits the use of a particular name or in cases of programmatic or geographic descriptors.