



COVER PAGE

APPLICATION FOR NEW PROGRAM OF STUDY FOR PRIVATE BUSINESS AND VOCATIONAL SCHOOLS IN ILLINOIS

Name of Institution: _____

Date of Submission: _____

Proposed Program/Course of Study: _____

Location(s): _____

Owner: _____

Phone: _____ E-mail: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Phone: _____ E-mail: _____

Mailing Address: _____

The undersigned hereby verifies that the information provided in this application is true, complete, and correct to the best of his or her knowledge; and that he or she has the authority to submit this application on behalf of the proposed institution; and that he or she is an authorized representative of said institution.

Name: _____

Title: _____

Signature: _____

Subscribed and sworn to before me this ____ day of _____, AD., 20__.

Notary Public: _____

The Illinois Board of Higher Education has the responsibility for granting approval to postsecondary institutions wishing to operate in the State of Illinois. Materials submitted in this application should represent a plan for the development of a proposed program of study or course offering and establish the conditions under which approval may be granted. The information requested in this application is in accordance with the rules to implement the "Private Business and Vocational Schools Act of 2012" (Public Act 97-650). The completed application should be submitted to:

PBVS Division
Illinois Board of Higher Education
1 North Old State Capitol Plaza, Suite 333
Springfield, IL 62701-1377