

Michigan Department of Licensing and Regulatory Affairs
 Corporations, Securities & Commercial Licensing Bureau
 Schools and Licensing Section
 P.O. Box 30018, Lansing, MI 48909
 517-241-9221
 www.michigan.gov/pss

Out-of-State Institution Distance Education Authorization

FOR OFFICE USE ONLY
Approved By:
Date Approved:
License Number

AUTHORITY: 2015 PA 45

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name of Institution	License Number (if applicable)
Mailing Address	
Business Address	
Phone	Email Address
Name, Email, and Phone Number of Principal Contact	

A public or private college or university that is located outside of this state that is not a party to a reciprocal agreement to provide distance education to residents of Michigan must meet the following requirements to obtain authorization to provide distance education to residents of Michigan under the terms and standards 2015 PA 45. (You must check "YES" to all to be approved.)

- YES** Be a U.S. degree-granting institution that is accredited by an accrediting body recognized by the U.S. Secretary of Education (*Attach documentation*).
- YES** Have a financial responsibility index score from the U.S. Department of Education that is 1.5 or above, or, if its score is between 1.0 and 1.5, successfully demonstrate to its home state's portal agency that it is nevertheless sufficiently financially stable to justify participation. Public institutions are presumed to be sufficiently financially stable (*Attach documentation*).
- YES** Agree to abide by the *Interregional Guidelines for the Evaluation of Distance Education* adopted by the Council of Regional Accrediting Commissions, as summarized in SARA policy 5(2)1-9 (*View the Interregional Guidelines for the Evaluation of Distance Education by clicking on the link at www.michigan.gov/pss*).
- YES** Agree to be responsible for the actions of any third-party providers used by the institution to engage in operations.
- YES** Agree to notify this agency of any negative changes to its accreditation status.
- YES** Agree to work with this agency to resolve any complaints arising from its students in Michigan.
- YES** Apply to the State of Michigan over the signature of the institution's CEO or chief academic officer

FEE PAYMENT INFORMATION	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY - VALIDATION
Authorized Out-Of-State Distance Education \$10,000.00 <i>Application Fee = \$5,000.00</i> <i>Annual Authorization Fee = \$5,000.00</i>	8612-01= \$10,000.00	

YES Agree to notify in writing all students in a course or program that customarily leads to professional licensure, or which a student could reasonably believe leads to such licensure, whether or not the course or program meets requirements for licensure in the state where the student resides. If an institution does not know whether the course or program meets licensure requirements in the student's state of residence, the institution may meet this requirement by informing the student in writing and providing the student the contact information for the appropriate state licensing board(s). An e-mail dedicated solely to this purpose and sent to the student's best known e-mail address meets this requirement. The institution should use other means to notify the student if needed.

YES Agree, in cases where the institution cannot fully deliver the instruction for which a student has contracted, to provide a reasonable alternative for delivering the instruction or reasonable financial compensation for the education they did not receive.

YES Agree to operate in accordance with and subject itself to the provisions of 2015 PA 45.

Institutional Affirmation

I, the undersigned representative of the above institution, having the authority to commit the institution to operate under the provisions of 2015 PA 45 agreement, hereby certify that this institution meets all of the standards and requirements stated herein required for operation under the agreement.

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

Printed Name of Signatory Officer

Signature

Date