Texas Higher Education Coordinating Board

Application for a Certificate of Authorization

To be eligible for a Certificate of Authorization, an institution must:
- be accredited by a Board-recognized accreditor
- offer degrees or courses leading to degrees at or from a physical location in Texas
- not meet the definition of an institution of higher education contained in Texas Education Code 61.003

The following information is required for an institution requesting a Certificate of Authorization. Failure to complete the application may result in delays or denial to issue a Certificate of Authorization

1. NAME OF INSTITUTION _____ DATE _____

2. PHYSICAL ADDRESS OF CAMPUS _____

3. MAILING ADDRESS OF CORPORATE CONTACT (IF APPLICABLE) _____

4. BASIS FOR APPLICATION:

☐ offering degrees or courses leading to degrees at or from a physical location in Texas

☐ students completing clinicals or internships at a Texas location

5. NAME OF BOARD-RECOGNIZED ACCREDITOR (SUBMIT COPY OF APPROVAL) _____

6. DATE OF CAMPUS ACCREDITATION _____

7. If the Texas campus has not received accreditation, a Conditional Certificate of Authorization may be issued if institution's accreditor provides a letter acknowledging a decision on campus accreditation can be made within 15 months of the issuance of a Conditional Certificate of Authorization. (SUBMIT COPY OF ACCREDITOR ACKNOWLEDGEMENT, IF APPLICABLE.)

8. DEGREE STATUS LEVEL(S) APPROVED BY ACCREDITOR ☐ Associate ☐ Bachelor ☐ Master's ☐ Doctoral ☐ Other

9. PROGRAMS AND DEGREE LEVEL TO BE OFFERED
(Attach additional pages as necessary to list additional programs with degree level and CIP codes.)

CIP Code	DEGREE LEVEL	PROGRAM

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10. IF PROGRAMS REQUIRE CLINICALS OR INTERNSHIPS, PLEASE COMPLETE THE CLINICAL/INTERNSHIP INFORMATION SHEET FOR ALL CURRENT CLINICALS/INTERNSHIPS. (EXCEL)

11. DATE OF TEXAS WORKFORCE COMMISSION'S APPROVAL TO OPERATE IN TEXAS (IF APPLICABLE) _____

(SUBMIT COPY OF APPROVAL OR EXEMPTION BY MAIL AT 1200 E. ANDERSON LN. AUSTIN, TEXAS 78752)
Texas Workforce Commission - Career Schools and Colleges Division may be contacted at 512-936-3100.

AUTHORIZED SCHOOL OFFICIAL:

☐ I am an authorized official representative of the above-named applicant. I affirm that I have read and fully understand this agreement and agree with its terms. I check this box as endorsement of this acknowledgement, in lieu of my signature.

Authorized Official Name _____ Title _____ Date _____

Institution Single Point of Contact Name _____ Title _____

Address _____

E-mail _____ Telephone _____ Fax _____

THE SINGLE POINT OF CONTACT IS AN INDIVIDUAL DESIGNATED BY THE INSTITUTION AS THE PERSON RESPONSIBLE FOR RECEIVING AND CONVEYING INFORMATION BETWEEN THE INSTITUTION AND THE COORDINATING BOARD OR BOARD STAFF.

FOR COORDINATING BOARD USE ONLY

Staff review by _____ THECB Action Date _____

☐ Approved ☐ Conditional Approval ☐ Does not Meet Guidelines

FOR ASSISTANCE, CONTACT THE COORDINATING BOARD AT (512) 427-6527 OR VIA FAX AT (512) 427-6168

SUBMIT COMPLETED APPLICATION TO CHAPTER7@THECB.STATE.TX.US