

School Closure Information Form

Georgia Nonpublic Postsecondary Education Commission
2082 East Exchange Place, Suite 220
Tucker GA, 30084
770-414-3300 www.gnpec.georgia.gov

School Name:

Physical Address:

City, State, Zip:

Telephone Number:

Mailing Address (if different):

Operation in Georgia:
Date First Approved by GNPEC: Date of Expected Closure:

Number of Enrolled Students at Time of Closure:

Attach Roster of Enrolled Students (with contact information) at Time of Closure

Total Number of **ALL** Student Records: Electronic Files Paper Files

Records to be delivered to GNPEC by (date):

Records Surrender

1. Per the Records Agreement, it is the responsibility of the institution to provide **ALL** student records (**student transcript; if applicable, a copy of the certificate or diploma awarded; a copy of student financial ledger; and any other document required by the Commission**) to GNPEC at the time of closing or as soon thereafter as possible.
2. Acceptable methods through which Student Records may be surrendered to GNPEC:
 - i. Electronic/digital submission of files (preferred method)
 1. PDF or another acceptable format
 2. If the institution has made arrangements with a third-party record maintenance service, such as Parchment, the MOU must be provided.
 - ii. Paper Files
 1. The institution contact will need to arrange the drop-off of student records with GNPEC.
 2. A maximum of 30 boxes can be received at the GNPEC office. Any larger quantity must be delivered directly to the State Records Center.
 - iii. Online Files
 1. Online storage of files must be easily accessible to the GNPEC staff.

Please note that a combination of the above methods may be acceptable.

1. Describe/explain the closure (GNPEC uses the term “closed” to describe the cessation of campus operations).

2. Explain how current students will finish their programs (e.g., transfer to another institution, teach out all students before closing, etc.). Please provide teach out agreements/schedules, transfer agreements, clinical/externship agreements.

Individual/Company/Corporate Office responsible for providing records:

- a. Name:
- b. Address:
- c. Telephone Number:
- d. Email

3. Describe plans made for faculty and staff.

4. Have all other appropriate agencies been informed of the closure (e.g. accreditors, student loan companies, externship providers, etc.)? If yes, please list the agencies. If no, please explain.

5. What is the status of each student refund for students not taking advantage of a transfer or teach-out arrangement at the time of closure?

6. Please provide additional information that may be helpful if students contact our agency.

Form Completed by
(Name and Title):

Contact Information:

Date:

GNPEC STAFF USE ONLY

Please indicate here if this form has been completed by a member of the Georgia Nonpublic Postsecondary Education Commission staff. This should only be necessary if the institution which is closing cannot be reached for closure information.

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