

# *Iowa College Student Aid Commission*

*Postsecondary Registration Administrator*

*603 East 12th Street, FL 5th*

*Des Moines, IA 50319*

*(515) 725-3470*

## **Postsecondary Registration Iowa Code Chapter 261B**

This is the application form for all schools that are required to register under Iowa Code Chapter 261B.

All items must be completed before the registration application or the exemption will be considered received for processing. If there is insufficient space on the form to provide all requested information, use additional pages as required, numbering to correspond to the item. Other documents or materials may be attached to the form in lieu of providing the information on the form. In such cases, the material or document should be referenced on the form and *clearly marked* for ease of identification.

**Submit one paper copy and one electronic pdf copy of the application.**

The information you provide will be open to public inspection under Iowa Code Chapter 22.11

# Iowa College Student Aid Commission

Postsecondary Approval and Registration Administrator  
603 East 12th Street, FL 5th  
Des Moines, IA 50319  
(515) 725-3470

## Application for Approval and Registration of Postsecondary School Iowa Code Chapter 261B

Submit a paper document and a complete duplicate in pdf format on a CD. Applications may be submitted electronically by contacting the Postsecondary Approval Administrator at the Iowa College Student Aid Commission.

**All items must be completed** before the application will be considered as received by the Commission. Attach additional pages as needed to provide the requested information. Other documents or materials may also be attached to support the application.

(Registrations must be renewed every two years or upon any substantive change in program offerings, location, or accreditation.)

Name of school and address of the principal office as defined in Iowa Code Section 490.140 or 510.141:  
[(261B.4(2))] and [(261B.4(1))]

Name of School: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number (including country or area code): \_\_\_\_\_

Type of school:

- For-profit
- Non-profit
- Public

Address of this school in all in other states, and in foreign countries:

Refer to the following webpage for a list of states where Embry-Riddle Aeronautical University operates:  
<http://worldwide.erau.edu/locations/alphabetical/index.html>.

Suite	Street	City	State	Zip	Country	Telephone

Address of all locations in Iowa where instruction is to be provided

Suite	Street	City	State	Zip	Country	Telephone

Tuition charges, fees and other costs payable to the school by a student. [(261B.4(3))]

Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Total

Refund policy of the school for the return of refundable portions of tuition, fees, or other charges [(261B.4(4))] If the refund policy is attached, please summarize the policy below.

Degrees granted by the school [(261B.4(5))]

Offered in Iowa [(261B.4(11))]

Name, business address and telephone number of the chief executive officer of the school: [(261B.4(7))]

Name: \_\_\_\_\_  
 Suite: \_\_\_\_\_



Telephone Number (including country or area code): \_\_\_\_\_

Name, address, and title of the other officers and members of the legal governing body of the school:  
[(261B.4(6))]

Officer Number 1

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone No. (including country or area code): \_\_\_\_\_

For officers 2 or more, add pages as needed:

Owner Number 2

Names and addresses of persons owning more than 10% of the school: [(261B.4(6))]

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number (including country or area code): \_\_\_\_\_

For owners 2 or more, add pages as needed

Name all agencies accrediting the institution. For each agency, include **name, address, telephone number, and whether the agency is recognized by the U.S. Department of Education.** [(261B.4(9))] Attach copies of accreditation certificates of status for each agency. If the Iowa location is not accredited, provide accrediting agency certification that the Iowa location will be granted accreditation upon approval by the College Student Aid Commission. **Provide documentation that every location of applicant school is approved by the accrediting agency and in good standing, for all locations throughout the world.**

Accrediting agency 1

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number (including country or area code): \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Is this agency recognized by the U. S. Department of Education? [ ] Yes [ ] No

Accrediting Agency 2

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number (including country or area code): \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Is this agency recognized by the U. S. Department of Education?  Yes  No

Accrediting Agency 3

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone No. (including country or area code): \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Is this agency recognized by the U. S. Department of Education?  Yes  No

Accrediting Agency 4

Describe the procedures followed by the school for permanent preservation of student records. [(261B.4(12))]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide the contact information to be used by students and graduates who seek to obtain transcript information.

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number. (including country or area code): \_\_\_\_\_

List the states and approval or registration agencies for all states in which the school operates or maintains a presence.

State	Agency Name	Address	Contact Person	Telephone Number

Describe the academic and instructional methodologies and delivery systems to be used by the school and the extent to which the school anticipates each methodology and delivery system will be used,, including, but not limited to, classroom instruction, correspondence, internet, electronic telecommunications, independent study, and portfolio experience evaluation. [(261B.4(13))]

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Provide the name of every other State of Iowa agency required to approve the applicant school in Iowa, the school's contact person at the agency and the current status of that approval. Attach documentation in the form of a letter or certificate for each agency.

Agency Name	Contact Person	Telephone Number	Approval Status

Is the school subject to a limitation, suspension or termination (LST) order issued by the U.S. Department of Education?

Yes  No

If yes, explain below.

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Provide the name and contact information for a U. S. Department of Education official who can verify the LST statement.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you:  
Enroll students in Iowa?  Yes  No  
Employ Iowa faculty?  Yes  No

Do you intend to:  
Enroll students in Iowa?  Yes  No  
Employ Iowa faculty?  Yes  No

Describe current operations or plans to enroll students in Iowa or employ Iowa faculty.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, telephone number and resume of employees in Iowa. Please identify which employees are full time.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number (including country or area code): \_\_\_\_\_

\* Resumes may be provided as attachments

Will your school comply with *Iowa Code* section 261B.7, which requires registration by the Commission, including Commission contact information?  
(See the *Iowa Code* for details)

Yes  No

Will your school comply with the requirements of *Iowa Code* section 261.9(1)"e" to "h"?

(See the *Iowa Code* for details.)  Yes  No

Please provide policies that comply with these requirements as attachments. \*\*Refer to Attachments K-L.

Does the school agree to file annual reports that the Commission requires from all Iowa colleges and universities?

Yes  No

Attached a copy of the applicant school's most recent audit prepared by a certified public accounting firm no more than 12 months prior to the application and state below where, in the audit report, there is evidence that the auditor is providing an unqualified opinion.

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Describe how students will be provided with access to learning resources, including appropriate library and other support services requisite for the schools' degree programs.

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Provide evidence that faculty within an appropriate discipline are involved in developing and evaluating curriculum for the program(s) to be registered in Iowa.

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If applicable, please provide evidence that the school has adequate physical facilities appropriate for the program(s) to be offered and are located in the state. Include a copy of a signed agreement for a facility purchase or lease or option to purchase or lease. Please include a photograph of the location.

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Include a statement, signed by the chief executive officer of the applicant school, on school letterhead, demonstrating the school's commitment to the delivery of programs located in Iowa, and agreeing to provide alternatives for students to complete programs at other institutions if the applicant school closes the program before students have completed their courses of study.

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Statement may be in an attached document.

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Provide an organizational plan that shows the location and physical address, telephone number, fax number and contact information for all internet-based and site-based educational locations, administrative, and service centers operated by the applicant and any parent organization.

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Provide documentation showing the school's policy for the resolution of student and graduate comments and complaints. Provide complete contact information to which complainants may be referred.

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Provide a copy of a current Certificate of Authority provided by the applicant's home state and the Iowa Secretary of State.

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Provide the U. S. Department of Education cohort graduation rate for each branch location and the total organization, showing rates for graduates of diploma, two-year, and four-year, programs if those rates are reported to the U. S. Department of Education National Center for Education Statistics.

Cohort graduation rate: 43%

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**SIGNATURE**

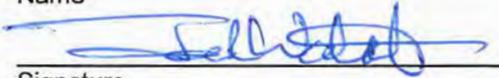
**Applicant School Chief Executive Officer**

John R. Watret, Ph.D.

Chancellor, Embry-Riddle Aeronautical University - Worldwide

Name

Title



09/13/13

Signature

Date

**If any information in this application changes between the time of application Commission action, the school must inform the Commission by filing an Amended Application clearly indicating the information which is being amended. Amendments must be received before the Commission takes action.**

A registration fee of \$2,000 is due and payable to the State of Iowa upon registration approval.