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 or other electronic media. 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. Attachments must be tabbed and clearly marked on both the paper and pdf documents.

(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:____Mansfield University of Pennsylvania_____
Suite:_____
~~Street:~~_____508 North Hall, 5 Swan Street_____
City:____Mansfield_____
State: ___PA_____
Zip: _____16933_____
Country: __USA_____
Telephone Number (including country or area code): __570-662-4804_____

Type of school:

[ ] For-profit
[ ] Non-profit
[x] Public

Address of this school in all in other states, and in foreign countries: Not applicable

Suite	Street	City	State	Zip	Country	Telephone

Address of all locations in Iowa where instruction is to be provided: Instruction will be online

Suite	Street	City	State	Zip	Country	Telephone

Total tuition charges, fees and other costs payable to the school by a student. [(261B.4(3))] SEE ATTACHMENT "A"

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))]
See ATTACHMENT "A"

Street:_____Dr. Allan Golden, Interim President_, 500 North Hall, 5 Swan Street_____
City:__Mansfield_____
State: ___PA_____
Zip: ____16933_____
Country: ___USA_____
Telephone Number (including country or area code): ____570-662-4046_____

Provide a copy or description of the means by which the school intends to comply with 261B.9 [(261B.4(8))]. Code section 261B.9 is as follows:

261B.9 DISCLOSURE TO STUDENTS. SEE ATTACHMENT "B-1 and B"

Prior to the commencement of a course of instruction and prior to the receipt of a tuition charge or fee for a course of instruction, a school shall provide written disclosure to students of the following information accompanied by a statement that the information is being provided in compliance with this section:

1. The name or title of the course.
2. A brief description of the subject matter of the course.
3. The tuition charge or other fees charged for the course. If a student is enrolled in more than one course at the school, the tuition charge or fee for all courses may be stated in one sum.
4. The refund policy of the school for the return of the refundable portion of tuition, fees, or other charges. If refunds are not to be paid, the information shall state that fact.
5. Whether the credential or certificate issued, awarded, or credited to a student upon completion of the course or the fact of completion of the course is applicable toward a degree granted by the school and, if so, under what circumstances the application will be made.
6. The name of the accrediting agency recognized by the United States department of education or its successor agency which has accredited the school.

Response:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Name, address, and telephone number of a contact person in Iowa. [(261B.4(10))]. If the school is applying for distance education and has registered with the Iowa Secretary of State as a for-profit or non-profit corporation transacting business in Iowa, please list the corporation's Iowa registered agent.

Name:_____Not applicable_____
Suite:_____
Street:_____
City:_____
State: _____
Zip: _____
Country: _____

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:_____SEE ATTACHMENT "C"_____
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:_____SEE ATTACHMENT "D"_____
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? [x] 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))]

SEE ATTACHMENT "E"

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

Name: Lori Cass, Registrar
Suite: Enrollment Services
Street: 224 South Hall, 71 S Academy Street
City: Mansfield
State: PA
Zip: 16933
Country: USA
Telephone Number. (including country or area code): 570-662-4202

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

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))]

_____
_____course delivery will be online_____
_____
_____
_____
_____
_____
_____

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. IOWA DEPARTMENT Of EDUCATION - in progress

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 [x] No

If yes, explain below.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

Joe Kern, Institutional Improvement Specialist
U.S. Department of Education
Office of Federal Student Aid Programs
Region III Philadelphia
215-656-8566 / phone
215-656-6499 / fax
joe.kern@ed.gov

Do you:

Enroll students in Iowa? [x] Yes [ ] No
Employ Iowa faculty? [ ] Yes [x] No

Do you intend to:

Enroll students in Iowa? [x] Yes [ ] No
Employ Iowa faculty? [ ] Yes [x] No

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

Recruitment and marketing is esential to the growth of our programs.
Therefore, Mansfield University would like the opportunity to advertise our programs in the state and to have MU representatives attend state conferences.

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

Name: not applicable 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 the school to disclose that it is registered by the Commission, including Commission contact information?
(See the *Iowa Code* for details)

[x] 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.) [x] Yes [ ] No

Please provide policies that comply with these requirements as attachments. SEE ATTACHMENT "K"

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

[x] 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.

SEE ATTACHMENT "G"

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

SEE ATTACHMENT "H"

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

At Mansfield University all faculty are committed to continuous program improvement and assessment. The faculty in each program are responsible for the design and delivery of its curriculum. As an institution, we expect clear goals and related learning outcomes at program and course levels.

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.

NO PHYSICAL FACILITY IN IOWA

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.

Statement may be in an attached document. SEE ATTACHMENT "J"

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.

http://online.mansfield.edu

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.

SEE ATTACHMENT "I"

If applicable, provide a copy of a current Certificate of Authority provided by the applicant's home state and the Iowa Secretary of State.

Provide the U.S. Department of Education cohort default rate for each associated organizational entity for which the U.S. Department of Education reports a cohort default rate.

__We are a four-year institution and our federal cohort is based on baccalaureate seeking students.
__Our six-year cohort graduation rate is 51%

Provide the average debt upon graduation of individuals completing programs at each branch location and the entire organization,

we do not have any branch campuses

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.

SIGNATURE

Applicant School Chief Executive Officer

Allan J. Golden	Interim President
Name	Title
	2-22-13
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.