MAR 0 4 2015

Iowa College Student Aid Commission

Application for Registration (Authorization) of Postsecondary Schools 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 on thumb drive or CD to:

Postsecondary Registration Coordinator
Iowa College Student Aid Commission
430 E. Grand Ave., FL 3
Des Moines, Iowa 50309

A school must submit a $1000 application fee with the application. Please make the check payable to State of Iowa.

The information you provide will be open to public inspection under Iowa Code Chapter 22.11, and posted to the Iowa College Student Aid Commission website under Iowa Code Section 261.2., subsection 7(b).

Exception: A private non-profit or for-profit corporation may submit financial statements associated with its most recent independent auditor's report to the Commission and request that they be treated as confidential. For more information, see item #30:

For assistance or questions regarding the application, contact the Postsecondary Registration Coordinator at:

Carolyn.small@iowa.gov
(515) 725-3413

(1) Provide the 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: University of Missouri-Kansas City

Suite: 356 Admin. Center

Street: 5115 Oak Street

City: Kansas City

State: MO

Zip: 64110

Country: USA

Telephone Number for the schools' primary state authorization contact (including country or area code):

816-235-1030

E-mail address for the schools' primary authorization contact:

elliottba@umkc.edu

(2) Type of school: ☐ For-profit ☑ Non-profit ☑ Public

(3) If applicable, provide the address of all locations in Iowa where instruction will occur. For a school that is applying for registration to offer distance education programs and who has established, or plans to establish a permanent Iowa site(s) at which students will participate in a structured field experience, the school may record below the location of that Iowa field experience site(s).

Suite:

Street:

City:

State:

Zip:

Telephone:

(4) Provide the total estimated tuition charges, fees and other costs payable to the school by a student over the course of each entire program. [(261B.4(3))] If the school is applying to offer both residential programs that require some face-to-face interaction between student and faculty at an Iowa location, in addition to programs that are offered fully "at a distance," please separately list distance education programs, as illustrated below.

Residential Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Estimated **Total** Program Charges

Distance Education Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Estimated **Total** Program Charges
Please see Appendix A					

(5) Please list all distance education programs that include a structured field experience that the school will permit an Iowa resident to participate in at an Iowa location. For each program that includes a field experience, please attach documentation that describes the expectations of the student, school faculty, and a site supervisor.

Please see Appendix B

(6) Provide the name of every other State of Iowa agency required to approve the applicant school in Iowa and the school's contact person at the agency. Attach documentation of the school's approval.

State of Iowa Agency Name:

Contact Person: Telephone Number:

E-mail address:

(7) Does the school plan to offer in Iowa a program that prepares a student for first-time, licensed professional employment?

☑ No ☐ Yes

List the program and the Iowa professional licensure board that licenses persons to practice the profession for which the school's program prepares a student. For each program, attach documentation demonstrating that the school's program either meets the requirements of a programmatic accrediting agency approved by the Iowa professional licensure board, or that the school's program meets the Iowa professional licensure board's curriculum requirements such that a student who completes the school's program is not required to complete additional coursework or practicum hours that the school did not offer in its program.

N/A

(8) Provide a copy, a link to the school's Internet site, or a description of the school's refund policy for the return of refundable portions of tuition, fees, or other charges [(261B.4(4))] For a for-profit school with at least one program of more than four months in length that leads to a recognized educational credential, the school's tuition refund for Iowa students must comply with Iowa Code Section 714.23. For more information about Iowa Code Section 714.23, contact the Postsecondary Registration Administrator or see the *Postsecondary Registration* tab on the Commission's main web page at www.iowacollegeaid.gov.

Please see Appendix C.

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

Name:	Suite:	Street:
Leo Morton, Chancellor	301 Admin Center	5115 Oak Street

City:	State:	Zip:	Country:	Telephone Number:
Kansas City	MO	64110	USA	816-235-1101

(10) Provide a copy, a link to the school's Internet site, or describe below the means by which the school intends to comply with 261B.9 [(261B.4(8)]: Please see Appendix D.

261B.9 DISCLOSURE TO STUDENTS.

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 their fundable 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.

UMKC is accredited by the Higher Learning Commission and as part of the accreditation process, we must demonstrate that we provide the above information to students. We completed our last accreditation site visit in 2009 and will be reviewed next in 2019. Our accreditation status can be accessed on the HLC web site at http://www.ncahlc.org.

(11) Provide the 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 resident agent.

Name:	Suite:
N/A	

Street:	City:	State:	Zip:

Country:	Telephone Number (including country or area code):

(12) Provide the 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:
University of Missouri Board of Curators	https://www.umsystem.edu/curators/

Street:	City:	State:	Zip:
316 University Hall	Columbia	MO	65211

Country: USA

Telephone Number (including country or area code): (573) 882-2388

For officers 2 or more, add pages as needed.

(13) For a for-profit institution, provide the names and business 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.

(14) Name all agencies accrediting the institution or programs offered in Iowa **that are recognized by the U.S. Department of Education.** [(261B.4(9))] Attach a copy of the school's accreditation status for each agency. Provide all documentation in the school's records about any pending or final accrediting agency sanction.

If the school is applying to initiate in-person instruction at an Iowa location and the school's accrediting agency has not approved the Iowa location, provide documentation from the accrediting agency that its approval is not required or the school's request for approval of an the Iowa location will be considered by the accrediting agency upon approval by the Commission.

Accrediting Agency 1

Name: Higher Learning Commission

Suite: 7-500

Street: 230 South LaSalle St.

City: Chicago

State: IL

Zip: 60604

Country: USA

Telephone Number (including country or area code): 800-621-7440

Contact Person: Eric Martin

Accrediting Agency 2

Name: Commission on Collegiate Nursing Education

Suite: 530

Street: One Dupont Circle, NW

City: Washington

State: DC

Zip: 20036-1120

Country: USA

Telephone Number (including country or area code):

Contact Person: Crystal Pool

Accrediting Agency 3

Name: National Council for Accreditation of Teacher Educ

Suite: 500

Street: 210 Massachusetts

City: Washington

State: DC

Zip: 20036

Country: USA

Telephone Number (including country or area code): 202-466-7496

Contact Person: Patty Garvin

For additional accrediting agencies, add additional pages.

(15) Describe the procedures followed by the school for safeguarding (e.g., storage, security and back-up processes) and preservation of student records. [(261B.4(12))]

As part of the University of Missouri System, UMKC follows the "Academic Department Administrative Records" guide required of all campuses within the System. Along with specific guidelines for how various records are to be handled, we also have a disaster prevention/recovery protocol in place. Specifics can be found at the following web site: http://www.umsystem.edu/ums/fa/management/records/guide/academic/#students.

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

Name: UMKC Registration & Records

Suite: 115 Administrative Center

Street: 5115 Oak Street

City: Kansas City

State: MO

Zip: 64110

Country: USA

Telephone Number (including country or area code): 816-235-1125

E-mail address and/or web site:

http://www.umkc.edu/registrar/contact-us.asp

(17) List the states and licensure/authorization agencies for all states that require the school to obtain authorization to operate, maintain a presence, or offer distance education in that state. Attach documentation of the school's licensure/authorization status in each state. Do not list states in which the school's status is "exempt."

State: Please see Appendix E

Agency Name:

(18) Has a state ever revoked the school's approval to operate in that state?

☑ No ☐ Yes. If yes, attach documentation from the state of its revocation action.

(19) Has a state sanctioned the school within the year prior to the date of this application?

☑ No ☐ Yes. If yes, attach documentation from the state of its sanction action.

(20) Is the school presently under investigation by or bound to the terms of a judgment issued by a state's attorney general or other enforcement authority?

☑ No ☐ Yes. If yes, attach documentation of the investigation or judgment from the enforcement authority.

(21) Will the school certify that it will immediately notify the Commission of any pending or final sanction issued by the school's accrediting agency, another state agency that registers or licenses the school during its Iowa registration term, or a state attorney general's office or other enforcement authority?

☑ Yes ☐ No

(22) 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))]

Internet (synchronous & asynchronous), independent study, portfolio assessment of student competency, electroncic communication. Details about how each program delivers their educational components can be found on their webpage listed in Appendix D. In addition to practicum, experiences are required in a couple of the nursing programs, the 2 dental hygiene programs, and

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

☐ Yes ☑ No

Please attach a copy of the school's current federal student aid Program Participation Agreement with the U.S. Department of Education.

(24) Do you currently:

Enroll students in Iowa? ☐ No ☑ Yes. How many? 3

Employ Iowa faculty ☑ No ☐ Yes. How many full-time? How many part-time?

Provide the name(s) of and business contact information for any Iowa resident that the school compensates to provide instruction or academic supervision in the programs its offers in Iowa.

N/A

(25) Do you compensate Iowa residents to perform other operational activities for the school besides teaching (e.g., program or Iowa site coordinator, call-taker, admissions representative)? ☑ No ☐ Yes

Provide the names, titles, and business contact information for all Iowa residents that the school compensates to provide operational support other than teaching. Attach a resume, other documentation, or provide a link to the school's Internet site that provides a curriculum vitae summary for each Iowa resident employee who is a *full-time program or Iowa site coordinator.*

N/A

(26) Of the total number of faculty (including those that may not be Iowa residents) who will provide instruction in programs offered to Iowa residents, how many are full-time? 140 How many are part-time? 65

Attach resumes, other documentation, or links to your Internet site that describe 1) the educational and experiential qualifications of all faculty or instructors who teach the courses offered to Iowans, and 2) the general subject matter in which they teach.

(27) How will your school comply with *Iowa Code* section 261B.7, which requires the school to disclose that it is registered by the Commission, including and provide the Commission's contact information for student questions or complaints?

http://info.umkc.edu/online/governance/out-of-state-contact/

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

☑ Yes ☐ No

Note: Schools that apply for registration to offer distance education programs and who have no compensated parties working remotely for the school from an Iowa location are not required to comply with Iowa Code Section 261.9(1)"h". For more information about Iowa Code Section 261.9(1), please contact the Postsecondary Registration Coordinator or see the Postsecondary Registration/Authorization tab on the Commission's main web page at www.iowacollegeaid.gov.

You must attach policies that are ready for implementation upon registration approval and that comply with these requirements.

(29) Does the school agree to file annual reports that the Commission requires from all Iowa colleges and universities? (Note: at this time the Commission does not require annual reports for out-of-state distance education program providers.)

☑ Yes ☐ No

(30) Attach a copy of the applicant school's most recent independent audit report 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.

Note: A school may submit to the Postsecondary Registration Coordinator financial statements associated with an independent audit in a separate electronic file that is marked confidential. The Commission will not treat as public records financial statements that a school identifies as confidential.

UMKC is one of four Missouri universities within the University of Missouri System. Appendix F includes a financial report for the UM System in 2010 and the UMKC 2010 Financial Report.

(31) Describe how your school provides students with learning resources, including appropriate library and other support services requisite for the school's programs.

Our students, whether they are traditional onsite or distance students, all have access to learning resources (e.g., library resources where a vast number of databases can all be accessed via the internet and digital copies of articles downloaded, to live chats with our librarians). Each degree program provides support services in terms of advising, tutoring by faculty and, NetTutor. We will be implementing 24/7 tutoring services through NetTutor as well as extended help desk support for technical questions.

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

The Office of the Provost, in coordination, with the academic deans, directors and faculty, is responsible for advancing the university's mission through the administration of academic programs. Please refer to the Provost web site for more information at http://www.umkc.edu/provost/about/default.asp.

(33) If applicable, please provide evidence that the school has adequate physical facilities appropriate for the program(s) and students services to be offered and are located in the state. For a school that applies for registration to open a fixed instructional site, include a copy of a signed agreement for a facility purchase or lease or option to purchase or lease.

N/A

(34) For a for-profit institution, provide an organizational plan that shows the physical address and contact information for all internet-based and site-based educational locations, administrative, and service centers operated by the applicant and any parent organization.

N/A

(35) 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.

UMKC takes student grievances very seriously. Student Affairs offers a UMKC Help Line as well as a full internet page referring students to available resources, procedures, etc. This information can be accessed at http://www.umkc.edu/helpline/grievances.asp

(36) 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.

For the Fall 2009 cohort, the default rate for students completing in 4 years was 26%.

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

Please see Appendix H.

(38) 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.

4-year graduation rate: 26%
5-year graduation rate: 27%

SIGNATURE

Applicant School Chief Executive Officer

LEON E. MORTON — Name

CHANCELLOR — Title

Signature

2/17/15 — Date

By my signature above, I commit to the delivery of programs this school offers in Iowa, and agree 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.

Additional Instructions:

- If any information in this application changes between the time the Commission of application Commission action, the school must inform the Commission in writing.
- A registration fee of $1000 is due and payable to the State of Iowa upon registration approval.
- Registrations must be renewed every two years. During a registration term, a school must submit a written request for amendment and remit an additional $1000 amendment fee upon any substantive change in program offerings, location, or accreditation.
- During a registration term, changes that occur to the information provided in this application must be submitted in writing (e-mail is acceptable) to the Postsecondary Registration Coordinator within 90 days of the change (e.g., a new program that does not required the approval of an agency of the state of Iowa).
- During a registration term, a school that offers distance education programs that include a mandatory structured field experience must notify the Commission of the Iowa field experience location within 90 days of establishing the Iowa field experience site.

Revised 2/01/14