

# 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: Michigan State University  
Suite: Hannah Administration Building, Room 438  
Street: 426 Auditorium Road  
City: East Lansing  
State: Michigan  
Zip: 48824  
Country: USA  
Telephone Number (including country or area code): (517) 355-1855

Type of school:

- For-profit
- Non-profit
- Public

Address of this school in all in other states, and in foreign countries: Michigan State University does not have a campus in any other state or foreign country.

Suite	Street	City	State	Zip	Country	Telephone

Address of all locations in Iowa where instruction is to be provided Not applicable. Distance education only.

Suite	Street	City	State	Zip	Country	Telephone

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

Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Total
Charges and fee vary by course.					
A summary is attached at Tab A.					

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.  
 For changes made through 1/4th of the term of the class, 100% of the semester course fees and tuition for net credits dropped will be refunded - Tab B.  
 Degrees granted by the school [(261B.4(5))]

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

Michigan State offers several online distance education programs - a listing is attached at Tab A.  
 For all degrees granted in Michigan, please see:  
<http://www.reg.msu.edu/academicprograms/Programs.asp?PType=GR>

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

Name: Lou Anna K. Simon, President  
 Suite: Hannah Administration Building

Street: 426 Auditorium Road  
City: East Lansing  
State: Michigan  
Zip: 48824  
Country: USA  
Telephone Number (including country or area code): (517) 355-6560

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.**

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:

1 & 2 - Schedule of Courses - www.schedule.msu.edu - Tab C

3 - Out of State Tuition - Tab D

4 - Operational Policies - Tab E

5 - Online Programs - Tab A

6 - Accreditation - Tab F

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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))] Michigan State University is governed by elected Trustees. Please see current list - Tab G

~~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: Higher Learning Commission of the North Central Assn. of Colleges & Schools  
Suite: 2400  
Street: 30 North LaSalle Street  
City: Chicago  
State: IL  
Zip: 60602  
Country: USA  
Telephone Number (including country or area code): (312) 263-0456  
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))]

"General Information, Policies & Regulations - The Academic Record" - Tab H  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: Office of the Registrar  
Suite: Michigan State University  
Street: Hannah Administration Building, 426 Auditorium Drive, Room 150  
City: East Lansing  
State: Michigan  
Zip: 48824  
Country: USA  
Telephone Number. (including country or area code): (517) 355-3300

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

No registration or approval is required. Michigan State University is established by the State Constitution.

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.  
Offer online distance education programs only.

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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 the school to disclose that it is registered 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 - Not applicable.

Please provide policies that comply with these requirements as attachments.

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

Yes  No - Not applicable.

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.

Financial Report 2010-11 - Tab I

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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.

E-Resources - Tab J

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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.

Please see memorandum dated 8/16/2011 - University Committee on Curriculum  
Role and Responsibility - Tab K

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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.

Not applicable.

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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.

Statement may be in an attached document. Not applicable.

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.

Not applicable.

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. Please see Student Consumer Information - Compliance - Tab L

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

Not applicable.

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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.

Not applicable.

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

Not applicable.

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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.

Not applicable.

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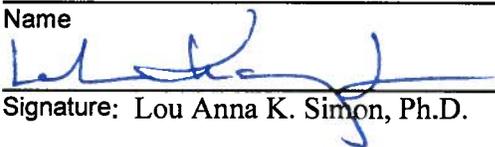
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**SIGNATURE**

**Applicant School Chief Executive Officer**

<u>MICHIGAN STATE UNIVERSITY</u>	<u>President</u>
Name	Title
	<u>11-19-2012</u>
Signature: Lou Anna K. Simon, Ph.D.	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.**

Attachment: Tab A through L