

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: _____ | University of Wisconsin Oshkosh | _____ |
| Suite: _____ | Dempsey 335 | _____ |
| Street: _____ | 800 Algoma Blvd | _____ |
| City: _____ | Oshkosh, WI 54901 | _____ |
| State: _____ | USA | _____ |
| Zip: _____ | (920) 424-1410 | _____ |
| 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:

None

| 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 |
|-------|--------|------|-------|-----|---------|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total 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 |
|-------------------------------|---------|------|--------------------|-------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

#1 Tuition & Fees Schedule

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. #2 Refund Policy

Degrees granted by the school [(261B.4(5))] #3 Degrees Granted

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

Accelerated Online Bachelor of Science in Nursing (BSN)

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

Name: _____
Suite: _____

Street: _____
City: _____
State: _____
Zip: _____
Country: _____
Telephone Number (including country or area code): _____

Chancellor Richard Wells
Dempsey Hall 220
800 Algoma Blvd
Oshkosh, WI 54901
USA
(920) 424-0200

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:

#4 Accelerated Nursing
Syllabi

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:

#6 North Central Association
Higher Learning Commission
C/O John Taylor
230 S La Salle St Suite 7-500
Chicago, IL 60604

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: _____
Suite: _____
Street: _____
City: _____
State: _____
Zip: _____
Country: _____

None

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))]

#5 Board of Regents

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: _____ Public Post-Secondary Institution _____
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

#6 Accreditations & Memberships

Name: _____
Suite: _____
Street: _____
City: _____
State: _____
Zip: _____
Country: _____
Telephone Number (including country or area code): _____
Contact Person: _____
North Central Association
Higher Learning Commission
C/O John Taylor
230 S La Salle St Suite 7-500
Chicago, IL 60604

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

Accrediting Agency 2

Name: _____
Suite: _____
Street: _____ N/A
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: _____ N/A
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

N/A

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

#7 Student Record
Retention

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

Name: _____
Suite: _____
Street: _____
City: _____
State: _____
Zip: _____
Country: _____
Registrar's Office
Grades and Transcripts
Dempsey Hall, Room 130
800 Algoma Blvd
Oshkosh, WI 54901
USA
(920) 424-1199 email: records@uwosh.edu

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 |
|-----------------------|-------------|---------|----------------|------------------|
| #8 PIR Authorizations | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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))]

| | |
|---|--|
| #9 Academic & Instruction Methodologies | |
| | |
| | |
| | |
| | |
| | |

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 |
|--------------------------------|----------------|------------------|-----------------|
| N/A - Until we enroll students | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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.

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.

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.

N/A

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.

#14 Student Handbook

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

#15 Certificate of Authority

