

PETITION FORM

# INSTRUCTIONS for SUBMISSION

**General Instructions:** Submit the completed Petition Form and supporting documentation following DEAC’s Guidelines *for Electronic Submission*. Submit the completed application to DEAC’s director of accreditation.

**SECTION 1:** Complete the chart, including all locations (e.g., domestic and international). Provide contact information for an individual who is physically located at each location and able to answer location-specific questions.

**SECTION 2:** Provide a detailed narrative explanation and rationale for the waiver of DEAC standards to address the institution’s unique mission.

**SECTION 3:** Review and acknowledge the institutional affirmation by marking the check box to the left.

**SECTION 4:** Provide the identified supporting documentation following DEAC’s *Guidelines for Electronic Submission*.

**SECTION 5:** The president/CEO certifies that all information and documentation provided is true and accurate.

Distance Education Accrediting Commission

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Washington, D.C. 20036

**Tel:** 202.234.5100

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Submit to: [Nan.Ridgeway@deac.org](about:blank)

# PETITION FORM

**DEAC Accreditation Handbook, Processes and Procedures, Section VI Petitions and Waivers.**

Whether in connection with an application for accreditation or reaccreditation, or in the context of a mid-term event, an institution may submit a petition to DEAC requesting a waiver or alternative interpretation of any DEAC accreditation standard or procedure. Such submission must be in the format specified by DEAC, document in detail the rationale for the request, and include documentation the institution wishes to present in support of its request. Petitions should not be requested simply because an institution does not like a standard or does not care to be subject to it. Petitions may only be submitted for a significant reason as it applies to the institution’s mission. Petitions must be submitted at least 45 days in advance of one of the Commission’s normally scheduled semiannual meetings for consideration at that meeting or within such alternative time period as DEAC may specify from time to time by written notice. DEAC may also allow petitions to be filed at other times upon request of an institution if the Commission determines that such accommodation is appropriate, given the specific circumstances. [[1]](#footnote-1) All petitions must be accompanied by full payment of the applicable petition fee (see DEAC website for fee schedule).

1. The Commission shall review a properly submitted petition, including its supporting documentation, and shall vote to either approve or deny the petition.
2. The Commission will grant a waiver or alternative interpretation of its standards or procedures where an institution is able to demonstrate, as determined by the Commission in its reasonable discretion, that:

* extenuating circumstances are present that indicate that the normal application of the standard or procedure would create an undue hardship on the institution or its students, or
* the waiver or alternative interpretation meets the underlying purpose and intent of the standard or procedure.

1. If a petition is denied, the institution may not resubmit a petition for the same request unless a subsequent change in relevant facts and circumstances or other material development would be likely to result in a different decision by the Commission. Petitions are granted for a period of one year for initial applicants and one accreditation cycle for accredited institutions.
2. DEAC notifies the institution in writing of its decision within 30 days following that decision. Such notice includes a summary of the rationale for the Commission’s decision. A decision by the Commission not to grant a waiver or alternative interpretation is final and is not subject to appeal.

## SECTION 1: INSTITUTION INFORMATION

**Institution Name:** Insert Institution Name

**Former Names:** Insert Former Name(s)

**Provide the address for the institution’s main facility1**

| **Address** | **City** | **State (Country, Province)** | **Zip Code** | **Local Contact** |
| --- | --- | --- | --- | --- |
| Address | City | State | Zip Code | Local Contact |

1Main Facility: A geographic location that houses the headquarters of an institution. The institution provides evidence it is approved in the state for the activity that it conducts at the location.

**Provide information for other locations (if any):** Complete the chart below. Add rows as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address** | **City** | **State (Country, Province)** | **Zip Code** | **Location Type2** | **Local Contact3** |
| Address | City | State | Zip Code | Choose an item. | Local Contact |
| Address | City | State | Zip Code | Choose an item. | Local Contact |
| Address | City | State | Zip Code | Choose an item. | Local Contact |
| Address | City | State | Zip Code | Choose an item. | Local Contact |
| Address | City | State | Zip Code | Choose an item. | Local Contact |

2Location Type: Other than a main facility, DEAC institutions can operate:

* Administrative Site: A separate office located geographically apart from the main headquarters location, which typically provides an off-site workplace for the convenience of institution officials who do not live near the headquarters. Neither educational programs nor instructional services to students are offered from an administrative site.
* In-Residence Component (Facility): Instruction that requires in-person delivery of curriculum, learning of certain manual skills, technical proficiency with specialized equipment, access to resources or the application of certain techniques under professional supervision. In-residence components must not exceed 49% of a DEAC-approved program.

3Local Contact: Provide contact information (full name, email address, and phone number) for an individual who is physically located at each location and able to answer location-specific questions.

**Website(s):** Insert Website Link(s)

**Main Telephone Number:** Main Telephone Number

**Institutional Mission Statement:** Insert Mission Statement

**Contact:** Name of President/CEO

**Title:** Title

**Email:** Email

**Telephone:** Telephone Number

1. In what year was the institution was established?

Insert Response

1. Has the ownership or a member of the executive staff been directly or indirectly involved with an education entity or institution that entered into bankruptcy during that individual’s period of affiliation or employment?

Yes  No

If yes, please provide an explanation of the facts and circumstances regarding the incident.

Insert Response

1. Type of courses/programs offered (select all that apply):

High School  Avocational  Vocational  Degree  Other

If “other” was selected, provide more information regarding these programs. ­

Insert Response

1. Provide the total number of students as of the date of this application.

Insert Response

1. Are all of the programs offered by the institution predominantly distance education or correspondence education (51 percent or more)?

Yes  No

## SECTION 2: INSTITUTION REQUEST

1. For which DEAC accreditation standard, eligibility requirement, or procedure is your institution requesting a waiver?

Insert Response

1. Explain the extenuating circumstances that make the waiver necessary.   
     
   Insert Response
2. Describe how the normal application of the standard or procedure would create an undue hardship on the institution or its students, OR describe how the waiver would meet the underlying purpose and intent of the standard or procedure.

Insert Response

1. Describe how the request relates to or supports the institution’s unique mission.   
     
   Insert Response
2. Provide any supporting documentation.

**Please note**: Waivers are not granted indefinitely. Upon approving a petition, DEAC will provide the institution with a limited time frame during which the waiver applies.

## Section 3: Institutional Affirmations

I (the President/CEO) certify I understand that, if my institution receives approval of our petition, a waiver is not indefinite and only applies as will be outlined by the DEAC.

## SECTION 4: DOCUMENTATION

* Non-refundable Petition Fee (non-DEAC accredited institutions only). Provide evidence of payment (scanned copy of check or similar). Insert Date Fee was Mailed
* Provide any documentation that demonstrates the extenuating circumstances rendering the waiver necessary.

## SECTION 5: CERTIFICATION

I certify that all of the information contained on this application and in the submitted documentation is true and correct, and I understand that, by electronically typing my name in this document, it is considered to have the same legally binding effect as signing my signature using pen and paper.

**Institution’s President/CEO:** Name of President/CEO

**Institution’s President/CEO Signature:** Print Name or Insert Digital Signature

**Date:** Insert Date

1. Refer to Appendix XIII, Part Four, DEAC *Accreditation Handbook*, for further explanation of such circumstances. [↑](#footnote-ref-1)