

CHANGE of NAME

Post-Approval Report

# INSTRUCTIONS for SUBMISSION

**General Instructions:** After the proposed substantive change is approved by DEAC and the name is changed, the institution submits the following Change of Name Post-Approval Report.

Complete the following Change of Name Post-Approval Report. Submit the completed report and supporting documentation following DEAC’s *Guidelines for Electronic Submission*.

**SECTION 1:** Provide requested institution information.

**SECTION 2:** Provide requested responses regarding the change of name.

**SECTION 3:** Provide total enrollment information for the last calendar year and the total number of students at the time of report.

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

**SECTION 5:** The compliance officer certifies that all information and documentation provided is true and accurate.

Distance Education Accrediting Commission

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**Email:** [info@deac.org](about:blank)

# CHANGE of NAME – Post-Approval Report

## SECTION 1: INSTITUTION INFORMATION

**Institution Name:** Insert Institution Name

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

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

**Main Telephone Number:** Main Telephone Number

**Institutional Mission Statement:** Insert Mission Statement

**Primary Contact:** Name of President/CEO

**Title:** Title

**Email:** Email

**Telephone:** Telephone Number

**Compliance Officer Contact:** Name of compliance officer

**Title:** Title

**Email:** Email

**Telephone:** Telephone Number

Note: This individual must have already completed the *Preparing for DEAC Accreditation* tutorial.

## SECTION 2: PROPOSED NAME

1. Provide the new name below.   
     
   Insert New Name
2. Describe how the new name supports the institution’s mission.   
     
   Insert Response
3. Describe how the change of name impacted the institution’s current curricular offerings.   
     
   Insert Response
4. Describe how the institution implemented the change of name.   
     
   Insert Response
5. Describe how the institution notified all stakeholders about the change of name.   
     
   Insert Response
6. Describe how the change of name impacted strategic planning efforts.   
     
   Insert Response

## SECTION 3: ENROLLMENT INFORMATION

1. Provide the number of new enrollments in the last calendar year.

Insert Response

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

Insert Response

## SECTION 4: DOCUMENTATION

* Non-refundable Change of Name Post-Approval Report Fee (see *DEAC Accreditation Fees* document). Provide evidence of payment (scanned copy of check or similar). Insert Date Fee was Mailed
* *DEAC State Authorization Form*
* Documentation of state authorization/licensure for institution’s state of domicile (where the institution maintains its primary facility, as listed in this report).
* Documentation of state authorization/licensure in any other states.
* Updated strategic plan reflecting the new name.
* Updated catalog
* *DEAC Catalog Disclosures Checklist*
* Updated enrollment agreement
* Links to marketing and promotional materials reflecting the new name.
* *DEAC Website Disclosures Checklist* reflecting the new name*.*

## SECTION 5: CERTIFICATION

I certify that all of the information contained on this report 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.

**Compliance Officer:** Compliance Officer Name

**Compliance Officer Signature:** Compliance Officer Signature

**Date:** Insert Date