

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)**

**INSTITUTION OF HIGHER LEARNING
APPLICATION TO PROVIDE EDUCATIONAL SERVICES**

GENERAL INFORMATION

1. Date _____ Information Completed by _____
2. Name of Institution _____
Federal ID #: _____
- a. Institution Address _____
- b. County Served: _____
- c. Accounting Office Address: _____
- d. Institution Web Address _____
3. President's Name _____ Telephone # _____ Ext. _____
Contact Person Name _____ Telephone # _____ Ext. _____
Fax # _____ E-Mail Address _____

Please list all branch campus locations and their corresponding accounting office address if different from the address indicated above on page 3 of this application.

INSTITUTIONAL INFORMATION

4. Type of Institution (check one)
- | | |
|--|--|
| <input type="checkbox"/> Doctoral/Research-Extensive | <input type="checkbox"/> Baccalaureate-General |
| <input type="checkbox"/> Doctoral/Research-Intensive | <input type="checkbox"/> Baccalaureate-Associate's |
| <input type="checkbox"/> Master's I | <input type="checkbox"/> Associate's |
| <input type="checkbox"/> Master's II | <input type="checkbox"/> Specialized |
| <input type="checkbox"/> Baccalaureate-Liberal Arts | |
5. Degrees Offered (check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Baccalaureate | <input type="checkbox"/> 1 st Professional |
| <input type="checkbox"/> Master's | <input type="checkbox"/> Certificate/Diploma |
6. Control (check one)

Public
 Private (Non-Profit)

Private (For-Profit)

7 Affiliation (optional)

Religious (_____)
 State
 Local

STANDARDS

8. List all regional and national accrediting bodies and/or state agencies that currently accredit your institution. (i.e. AABC, AARTS, MSA, Commission on Higher Education) A copy of these documents must be submitted to DDD as a part of this application

Accrediting Body and/or State Agency	Date of Last Review	Current Status

a. Are the above accreditations and/or approvals currently valid? YES NO
If no, why? _____

9. Liability Insurance: Yes No

Name of insurance company _____

Policy # _____

(Proof of insurance coverage must be submitted to DDD as part of this application)

10. Date of Last Fiscal Audit _____

a. Results: Unqualified Qualified

Reason for Qualified Results _____

b. Timely Submittal of Federal and State Returns Yes No

If no, reason for not submitting _____

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Any Additional Information you would like to provide (Optional):

PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act.

PLEASE LIST ALL BRANCH CAMPUS LOCATIONS.

