



COVER PAGE

CLASSROOM EXTENSION APPLICATION FOR EXISTING PRIVATE BUSINESS AND VOCATIONAL SCHOOLS APPROVED TO OPERATE IN ILLINOIS

Name of Institution: _____

Date of Submission: _____

Proposed Classroom Extension Location Address: _____

City: _____ State: _____ ZIP: _____

Owner: _____

Phone: _____ E-mail: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Phone: _____ E-mail: _____

Mailing Address: _____

The undersigned hereby verifies that the information provided in this application is true, complete, and correct to the best of his or her knowledge; and that he or she has the authority to submit this application on behalf of the proposed institution; and that he or she is an authorized representative of said institution.

Name: _____

Title: _____

Signature: _____

Subscribed and sworn to before me this ____ day of _____, AD., 20__.

Notary Public: _____

The Illinois Board of Higher Education has the responsibility for granting classroom extensions to postsecondary institutions approved to operate in the State of Illinois. Materials submitted in this application should represent a plan for the development of the proposed extension site and establish the conditions under which a classroom extension approval may be granted. The information requested in this application is in accordance with the rules to implement the "Private Business and Vocational Schools Act of 2012 "(Public Act 97-650). The completed application should be submitted to:

PBVS Division
Illinois Board of Higher Education
431 East Adams, 2nd Floor
Springfield, Illinois 62701