## WYOMING DEPARTMENT OF EDUCATION

Jillian Balow, Superintendent of Public Instruction Hathaway Building, 2nd Floor, 2300 Capitol Avenue Cheyenne WY 82002-0050



## REGISTRATION APPLICATION FOR ACCREDITED POSTSECONDARY DEGREE GRANTING INSTITUTIONS (CHAPTER 30)

Registration for the period of J	uly 1, through June 30,
• • • • • • • • • • • • • • • • • • • •	nool registration pursuant to Wyoming Statutes §§ nce with the Chapter 30 Rules and Regulations of the
Checklist:	
	ation, plus \$100 licensing fee per agent (if applicable) recognized by the United States Department of Education tion.
3. Accrediting association is recognized by	the USDE Yes No
Name of School:	Contact Name:
Telephone Number:	Fax Number:
Mailing Address	Physical Address (if different)
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Email:	Website:
Initial Application Annual Renewal	Date of Initial License:
•	

Local				
Local	Information			
Local Di	rector:	Local Phone N	lumber:	
Address	of Instructional Site in Wy	oming (if applicable):		
Is the	:	n of another institution? Yes	No	
	Address of parent institution (street, city, state, zip):			
Motho	od of Operation:			
IVIETIIC	o operation.			
	Residence:	Distance Learning:	Combination:	
Γhe abo	ve information is tr	ue and correct to the best of my	knowledge and belief.	
Signed b	y:			
Print Na	me:			
Print Na	me:			
Title:				
Title:				

## Office Use Only:

Date Approved:	