

SCHOOL OPERATIONS AND GOVERNANCE

Wis. Stats. 38.50 (10) (a)
Form EAB 1.01 (Rev. 11/15)



STATE OF WISCONSIN
EDUCATIONAL APPROVAL BOARD
431 CHARMANY DRIVE, SUITE 102
MADISON, WI 53719
(608) 266-1996

Wis. Stats. 38.50 (10) (a) requires all postsecondary schools, not otherwise exempt, to obtain approval from the Educational Approval Board (EAB) before advertising or doing business in Wisconsin. The application for approval process is delineated under EAB 4.03 and requires a school to provide information about its governance and operation. A school official or a designated representative must complete and submit this form along with all required attachments.

I. GENERAL INFORMATION

Name of Person to Contact Regarding Application:	Title:	Phone Number:
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Legal Name of School:

Address 1:

Address 2:

City:	State:	Zip Code:
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Primary Phone (include area code):	Secondary Phone (include area code):	Fax (include area code):
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E-mail:	Website:
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The school is: <input type="checkbox"/> Degree Granting <input type="checkbox"/> Non-Degree Granting	How will the school's training be offered? <input type="checkbox"/> Resident Only <input type="checkbox"/> Distance Learning Only <input type="checkbox"/> Both
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School's Main Campus is Located: <input type="checkbox"/> In Wisconsin <input type="checkbox"/> Out-of-State	Number of Programs the School will Offer: ¹
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Will the school provide instruction at the address listed above? ² <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the school provide instruction at any location other than the address listed above? ² <input type="checkbox"/> Yes <input type="checkbox"/> No
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¹ A school must submit a completed program application (form EAB 1.03) and the appropriate application fee for each program which the school intends to offer in Wisconsin.

² If yes, submit a completed teaching location application (form EAB 1.08) for this location and any other location that will provide instruction. Submit the application(s) and appropriate attachments and fee(s) with the Initial School Application.

II. SCHOOL PROFILE

Provide a 150-word school profile description. The purpose of the school profile is to provide a brief yet broad overview of the school. It should contain core information about the school and its programs.

SCHOOL PROFILE:

III. OWNERSHIP INFORMATION

The school is a:
 For-Profit Entity Non-Profit Entity

NOTE: If the school is *for-profit*, complete section A. If the school is *non-profit*, complete section B.

A. The school is owned by (check one):
 an individual as a proprietor more than one individual as proprietors a partnership
 a limited liability company a single corporation a series of corporations
 other (specify):

If the school is a sole proprietorship or a partnership, list below the name(s) and address(es) of the person(s) having an interest of 10% or more in the proprietorship or partnership, and state the percentage of interest held by each person. Attach additional sheets if needed.

Name:	Address:	% Interest:
Name:	Address:	% Interest:
Name:	Address:	% Interest:
Name:	Address:	% Interest:
Name:	Address:	% Interest:

If the school is owned by a limited liability company, a corporation, or series of corporations, provide the information requested below for each company or corporation. If more than one company or corporation is involved, attach additional sheets if needed.

Name of Corporation or Limited Liability Company:	Date of Organization	State of Organization
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Address of home office:

List the name(s) and title(s) of company officers and directors.

Name:	Title:	Name:	Title:
Name:	Title:	Name:	Title:
Name:	Title:	Name:	Title:
Name:	Title:	Name:	Title:
Name:	Title:	Name:	Title:

List the name(s) and address(es) of owners of 10% or more of the company or stock, and the percent owned.*

Name:	Address:	% Interest:
Name:	Address:	% Interest:
Name:	Address:	% Interest:
Name:	Address:	% Interest:
Name:	Address:	% Interest:

*If no individual or entity owns 10% or more of the company, check here:

B. The school is controlled by (check one):
 an unincorporated association a nonprofit corporation a series of nonprofit corporations
 other (specify):

If the school is controlled by an entity **other than a nonprofit corporation or a series of nonprofit corporations**, provide the information requested below. Attach additional sheets if needed.

Name of Controlling Entity:	Complete Address of Controlling Entity:
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List the name(s) and title(s) of the officers and directors of the controlling entity:

Name:	Title:	Name:	Title:
Name:	Title:	Name:	Title:
Name:	Title:	Name:	Title:

If the school is owned by a **non-profit corporation or a series of non-profit corporations**, provide the information requested below for each company or corporation. Attach additional sheets if needed.

Name of Corporation:	Date of Organization:	State of Organization:
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Address of Home Office:

List the name(s) and title(s) of the corporation's directors:

Name:	Title:	Name:	Title:
Name:	Title:	Name:	Title:
Name:	Title:	Name:	Title:

IV. RECORD OF OPERATION

NOTE: If this is a new school and not operating or operated in the past, skip Section IV and go to Section V.

What date did the school begin operating?	When did the present owner acquire the school?	What date did the school move to its present location?
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Has the school changed its name or address within the past ten years? If yes, list below each change and its effective date. Attach additional sheets if needed. Yes No

1. Previous School Name:	Effective Dates: From _____ To _____
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Previous School Address:

2. Previous School Name:	Effective Dates: From _____ To _____
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Previous School Address:

Is the school accredited? If yes, provide the information below and attach documentation from each accrediting body. Attach additional sheets if needed. Yes No

1. Accrediting Body	Date Granted	Date Expires
2. Accrediting Body	Date Granted	Date Expires
3. Accrediting Body	Date Granted	Date Expires

During the past ten years has any accrediting agency taken or is any accrediting agency considering taking adverse action against the school that will affect the school's accreditation? If yes, attach documentation. Yes No

During the past ten years is the school or has the school been licensed or authorized by any other state? If yes, list states and dates of licensure below. Attach additional sheets if needed. Yes No

State:	Date:	State:	Date:	State:	Date:
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During the past ten years has the school entered into a consent order with the Federal Trade Commission, or been notified of any official action that has been or will be taken against the school by any federal or state agency? If yes, provide a separate attachment, complete with details, about each order or action. Yes No

During the past ten years has the school been subject to an action in bankruptcy, receivership, financial reorganization, or assignment for the benefit of creditors? If yes, attach a separate sheet with complete details. Yes No

V. SCHOOL MANAGEMENT

Describe the school's management structure. Attach an organizational chart if available.

A. Provide information about the present chief administrator of the school. All information provided with respect to the present chief administrator of the school is subject to verification through contact with law enforcement and other governmental agencies, former employers, and educational institutions.

Full Legal Name and Title of Chief Administrator:		Date of Birth:	Date Employed in Present Position:
Address 1:			
Address 2:			
City:		State:	Zip Code:
Primary Phone (include area code):	Secondary Phone (include area code):	Fax (include area code):	E-mail:

Previous employers in the past five years:

1. Employer Name:		Employer Address:	
Position Title:		Dates Employed From _____ To _____	
2. Employer Name:		Employer Address:	
Position Title:		Dates Employed From _____ To _____	

Postsecondary Education:

1. Name of School:		City and State:	Major:
Diploma or Degree Earned:		Dates Attended: From _____ To _____	
2. Name of School:		City and State:	Major:
Diploma or Degree Earned:		Dates Attended: From _____ To _____	

Other relevant training or experience:

Has the chief administrator of the school ever been found guilty of, plead "no contest" to, or agreed to forfeiture of bail for any public offense except minor traffic offenses? If yes, attach complete details about each offense, including the charge, date of conviction and court of record. Yes No

B. Provide the requested information for each of the following individuals affiliated with the school's management.

NOTE: If contact information is the same as the General Information on Pg. 1, check the box to the left and continue.

Information is the same as reported in Section A: <input type="checkbox"/>	1. Name of School's Compliance Officer:	Title:
Address 1:		
Address 2:		
City:	State:	Zip Code:
Primary Phone (include area code):	Secondary Phone (include area code):	Fax (include area code):
E-mail:		

Information is the same as reported in Section A: <input type="checkbox"/>	2. Name of School's Registered Agent:	Title:
Address 1:		
Address 2:		
City:	State:	Zip Code:
Primary Phone (include area code):	Secondary Phone (include area code):	Fax (include area code):
E-mail:		

VI. FINANCIAL INFORMATION

As a condition of obtaining and retaining approval, Wisconsin law provides that the Educational Approval Board shall require each private school to submit a completed surety bond (form EAB 1.02) with the application.

What is the school's financial fiscal year? Fiscal Year Start Date _____ Fiscal Year End Date _____

Is the school eligible to participate in Title IV federal financial aid? Yes No
If yes, what was the school's default rate for the most recent year? _____

Does the school use alternative lenders? Yes No