Request for Approval of Additional Classroom Facility

Texas Workforce Commission – Career Schools and Colleges

DEPT. USE ONLY

Receipt # _____
Fee Paid _____
Date Paid _____
Initialed by _____

Instructions: Submit an original and one copy of the completed form. The request will not be processed without payment of the proper fee. **Please make check payable to TWC Career Schools and Colleges and mail (with Fee Sheet CSC-186) to Career Schools and Colleges - Controller, Texas Workforce Commission, 101 East 15th Street Austin, Texas 78778-0001.** If no money is enclosed, mail to Career Schools and Colleges, Texas Workforce Commission, 101 East 15th Street, Austin, Texas 78778-0001.

(please type or print)

School # _____ **School Name:** _____

School Location (physical address): _____

School Mailing Address: _____

School e-mail address: _____

Phone: _____ **School FAX:** _____ **School Toll-Free#:** _____

School Director: _____ **Today's Date (mm/dd/yy):** _____

Request that the "List of Approved Programs" issued to the above main campus be amended, under the provisions of *Title 40, Texas Administrative Code, Section 807.14*, to reflect that the following program(s) will be taught at the additional classroom facilities indicated below:

TITLE OF PROGRAM(S)*

***Please indicate whether the complete program or only part of the program will be taught at the additional classroom facility by adding the appropriate suffix letter (C - for complete program or P - for part of the program) to the title of the program.**

ADDRESS OF ADDITIONAL
CLASSROOM FACILITY: _____
Student Capacity: _____

Please complete and submit with this request, the attached Facilities & Equipment Inspection Request, CSC-004.

I certify that the above listed additional classroom facilities are located within one mile of the main campus and that all student records, administrative services, supervision, fiscal control and student services will be provided and maintained at the main campus. Student services such as financial aid, placement, etc., will be provided at the main campus and also at the additional classroom facilities when required. I further certify that the additional classroom facilities will comply with all city, county, state and federal regulations such as fire, building, and sanitation codes. The documents required by the Application for Approval, CSC-001, paragraphs II.C.1., II.C.2. and II.C.4., will be maintained in a current status.

_____	_____	_____
Typed or printed name of School Owner or Director	Signature	Date (mm/dd/yy)

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 226T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

USE OF PREVIOUS EDITION IS NOT AUTHORIZED