



Notification related to School Listing

(non-substantive change of directory information)

All fields marked with * are required and must be filled.

NOTE: Association member schools that are not yet accredited may submit this form at any time, as needed (see below). To notify ATS of changes regarding your president, academic dean, or accreditation liaison only, please use [the "Update Member Information" form](#) instead.

The Commission's [Policies and Procedures](#) (VI.A.6) require accredited schools to notify Commission staff of certain types of "non-substantive" changes and to receive acknowledgement by staff of those changes before they are implemented. This form covers two types: (1) *changing the school's institutional name*, including adding a "doing business as" (DBA) name, and (2) *changing the mailing address* of an approved location but not its physical location (the latter requires a petition relocating an addition location, found on the ATS petitions and notifications webpage). This notification form may be submitted at any time, though at least 30 days before implementing the change. Commission staff will typically acknowledge this notification within 30 days. In completing this form, please include links to additional documentation as requested or as deemed helpful.

Refer to your school's listing in the ATS [membership directory](#) before completing this form.

i. Current name of member school (per listing in ATS membership directory): *

Click to select from menu



ii. Contact information for person submitting this form: *

Prefix

First Name (MI)

Last Name

Suffix

iii. Title: *

Position title of person submitting this form

iv. Email: *

A copy of your form will be sent to this address

v. Indicate the type of notification being submitted: *

Click to select from menu



Once notification type is selected, complete the items on the following pages

Changing the name listed for a member school

(per Policies and Procedures IV.C.1)

All fields marked with * are required and must be filled.

1. New name of member school: *

Type school name EXACTLY as it should appear in the ATS membership directory

2. Effective date of name change: *

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
Month		Day		Year	

3. Reason for school's name change, briefly: *

Please also upload* a letter on school stationery, signed by the chief executive officer or designee, stating the current (old) and new names and the reason(s) for the change; see immediately below

***UPLOAD: signed letter on school stationery with both names explaining the change (required) ***

No file chosen

A single-page PDF file is preferred

4. This new name will... (SELECT ONE) *

Click to select from menu



5. Does the school have a different legal name that will remain? *

No

-

Yes**

****If YES, list that name here:**

Changing the mailing address for an approved location

(per Policies and Procedures IV.E.2, any change in physical location requires a substantive change petition—not this notification—if the location offers at least half a degree)

All fields marked with * are required and must be filled.

1. Current mailing address:

Street Address

Street Address Line 2

City

State / Province

Please Select



Postal / Zip Code

Country

2. New mailing address:

Street Address

Street Address Line 2

City

State / Province

Please Select



Postal / Zip Code

Country

3. Reason for change in mailing address: *

B I U [List icons] Font Size... Font Family. Font Format



PDF attachment (optional)

No file chosen

If submitting multiple documents, consolidate these as one (bookmarked) PDF file

All fields marked with * are required and must be filled.

When finished, please submit this petition to the ATS Director of Commission Information Services by hitting the "submit" button below. You can expect an automated confirmation email within a few minutes—and formal acknowledgement by your Commission staff liaison usually within 30 days. Please do not implement this change until you receive that acknowledgement from your liaison. There is no fee for any notification (or any petition). Please do not send any paper copies or any emailed attachments; submit only this completed, online form (including any links to additional information requested).

ATS Commission Staff Liaison Email *

▼

A copy of your form will be sent to this address

CEO Email

A copy of your form will be sent to this address

CAO Email

A copy of your form will be sent to this address

ALO Email

A copy of your form will be sent to this address

Additional comments



SAMPLE