MERGER APPLICATION

SUBMIT SIX COPIES

to

Council on Occupational Education
41 Perimeter Center East, NE, Suite 640
Atlanta, Georgia 30346
(800) 917-2081/(770) 396-3898
FAX (770) 396-3790

SUBMITTED BY:

Name of Institution to be the Main Campus: _____

Address of Main Campus: _____

Telephone: _____ **FAX:** _____

WWW Site: _____ **E-Mail Address:** _____

Name of Institution(s) to be the Branch(es): _____

_____

Chief Administrative Officer: _____

Date of Application: _____

(June, 2006)

MERGER APPLICATION

A merger is defined as combining or consolidating two (2) or more COE-accredited main campuses, including branches, which results in one main campus or one main campus with one or more branches.

Complete one application for each merger of two or more accredited institutions having the same owner. Submit SIX copies to the Council. Be sure that all supporting documentation is attached.

1. Give the current name and address of each institution being merged. Also, give the name and title of the chief administrative officer.

Name of Institution: _____

Address: _____

Name and Title of Chief Administrative Officer: _____

****

Name of Institution: _____

Address: _____

Name and Title of Official of Record with COE: _____

(If more than two (2) institutions are being merged, provide information on a separate sheet.)

2. Will the two (or more) institutions be consolidated into one institution with one campus? YES ____ NO ____
   If "YES", give the name and address of the new consolidated institution:

_____

_____

If "NO", give the name and address of the main campus and the name and title of the official of record, as well as the name(s), address(es), and on-site chief administrator(s) of each branch campus on a separate page.

NOTE: A Change of Name Application must be completed if the name of the institution is changed. If consolidating two or more existing campuses to a new location, complete a Change of Location Application.

3. Attach a diagram showing where the campuses involved in the merger presently exist. Use arrows showing how they will be merged.

4. Do any of the institutions being merged have dual accreditation? YES ____ NO ____ If "YES", describe.

5. Provide the rationale for the merger.

6. Is the planning of this merger mentioned in the institution's strategic plan and most recent Annual Report?
   YES ____ NO ____

   If "NO", explain.

7. Provide minutes, records, and/or other documentation which reveal the approval of the merger.

8. Expected date the merger will be accomplished: _____

9. Provide an organizational chart which identifies positions of key individuals by campus, department, and chain of authority.

10. Will there by any change(s) in programs offered? YES ____ NO ____ If "YES", explain.

NOTE: For each new program not currently offered, a New Program application must be completed. For changes in programs, a Change in Existing Program application must be completed for each program.

11. Provide a budget for the institution to be designated as the main campus and for the site(s) to be designated as branch(es).

12. Non-public institutions must provide financial statements for the most recent fiscal year including notes, audited by an independent certified public accountant, and completed financial statement forms furnished by COE. Submit a statement of cash flow and balance sheet for each merging institution. Financial statements must adhere to Generally Accepted Accounting Principles.

13. Provide documentation which verifies that the institutions being merged are owned by the same owners.

APPLICATION CERTIFICATION AND DISCLOSURE STATEMENT

I certify that all appropriate documentation has been enclosed with this completed application and that all information contained in the application is correct.

Signed this _____ _____ _____
Day Month Year

_____
Signature of Chief Administrative Officer

_____
Type or Print Name and Title of Chief Administrative Officer

APPLICATION FEE AND DUES

Application Fee:	$ 1,000.00
Site Visit Deposit for Non-Public Institutions:	1,500.00
TOTAL AMOUNT OF CHECK INCLUDED WITH THIS APPLICATION	$_____

MAKE YOUR CHECK PAYABLE TO THE
COUNCIL ON OCCUPATIONAL EDUCATION
AND INCLUDE IT WITH

SIX COPIES

OF THIS APPLICATION
AND ALL ATTACHMENTS

Mail your completed application to:

Council on Occupational Education
41 Perimeter Center East, NE, Suite 640
Atlanta, GA 30346

THIS APPLICATION WILL NOT BE PROCESSED UNTIL THE FEE HAS BEEN RECEIVED.