



**APPLICATION FOR FIFTH YEAR PERMIT OF APPROVAL
FOR APPROVED PRIVATE BUSINESS AND VOCATIONAL SCHOOLS**

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SCHOOL INFORMATION:

Legal Business Name of Institution and DBA (if applicable): _____

Phone: _____ FAX: _____

School Website Address: _____

School President/CEO/Campus Administrator: _____

Title: _____ E-mail: _____

Main Campus Address: _____

City: _____ State: _____ Zip Code: _____

Total Institution Size:

The total institution size equals the total number of students enrolled in all programs or courses of study (including all degree programs, diploma/certificate programs, and courses of study, etc.) offered by the institution in Illinois and all other states.

Indicate Your Total Institution Size:

- <100 Students
- 100-399 Students
- 400-699 Students
- >700 Students

OPE ID Number: The OPE ID is an identification number assigned and used by the U.S. Department of Education's Office of Postsecondary Education (OPE) to identify schools that have [Program Participation Agreements \(PPA\)](#) so its students are eligible to participate in Federal Student Financial Assistance programs under Title IV regulations. This is a 6-digit number followed by a 2-digit suffix used to identify branches, additional locations, and other entities that are part of the eligible institution.

Indicate if the institution has an OPE ID Number:

- Yes, the OPE ID number is: _____
- No. The institution does not have an OPE ID number.

OWNER INFORMATION:

Owner names(s): _____

Phone: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

OTHER CONTACT INFORMATION:

Application Contact Person: _____ Title: _____

Phone: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Authorization:

The undersigned hereby verifies that the information provided in this application is true, complete, and correct to the best of his or her knowledge; and that he or she has the authority to submit this application on behalf of the Institution; and that he or she is an authorized representative of said Institution.

Name: _____

Title: _____

Signature: _____

Subscribed and sworn to before me this ____ day of _____, AD., 20__.

Notary Public: _____

The Illinois Board of Higher Education has the responsibility for granting permits of approval to postsecondary institutions wishing to operate in the State of Illinois. Materials submitted in this application should represent and establish the conditions under which a permit of approval may be granted. The information requested in this application is in accordance with the rules to implement the "Private Business and Vocational Schools Act of 2012 "(Public Act 97-650). The completed application should be submitted to:

PBVS Division
Illinois Board of Higher Education
1 North Old State Capitol Plaza, Suite 333
Springfield, IL 62701-1377