



THE COUNCIL OF PRIVATE COLLEGES OF AMERICA

Applicant Certification Application

Name of Institution: _____ Date: _____

Address: _____
(Street Address) (City, State) (Zip)

Phone #: _____ Fax #: _____

Website: _____

President/CEO: _____ Email: _____

Year institution was established: _____ Date enrolled first student: _____

Current enrollment: _____ Number of new enrollments this school year: _____

Date the institution's governing board or legally functional equivalent decided to proceed with the Applicant Certification Requirements:

The Applicant Letter of Intent is an important and integral part of this application and needs to be sent to CPCA.

Letter of Intent enclosed ____

CPCA APPLICANT Certification Fee **UNTIL** December 31, 2018 \$500.00 enclosed

CPCA APPLICANT Certification Fee **AFTER** January 1, 2019 \$2,000.00 enclosed

(Fee must be paid in full **before** Applicant Certification can be granted)

Please be mindful that submission and participation in the Applicant process does not guarantee that the institution will gain Applicant status and will be permitted to work toward the Candidate Certification.