Wyoming Private School Program Wyoming Department of Education 2300 Capitol Ave. Cheyenne, WY 82072 (307) 777-5712

WYOMING DEPARTMENT OF EDUCATION CHAPTER 30

APPLICATION FOR REGISTRATION FOR ACCREDITED POSTSECONDARY DEGREE GRANTING INSTITUTIONS

Registration for the period of July 1, _ through June 30. Application is hereby made for a private school registration pursuant to Wyoming Statutes 21-2-401 thru 21-2-407 and in accordance with the Chapter 30 Rules and Regulations of the Wyoming Department of Education. A \$100 fee must accompany this application, plus \$100 fee per agent (if applicable) 1. Proof of accreditation from an agency recognized by the United States Department of 2. Education (USDE) shall be attached to this application. Name of accrediting Association Accrediting association is recognized by the USDE Yes No 3. Date of Application: _____ Initial ____ Renewal ____ Name of Institution: Physical Location of Institution: Mailing Address of Institution: Institution's Phone Number: Fax Number: ____ Web Site____ Address of Instructional Site in Wyoming: _____ (Check if same as above) _____ Local Director: Phone: Method of Operation: ____ Residence ____ Distance Learning ___ Combination Is the Institution a branch of another institution? (Y/N) ____ If yes: The applicant institution is a branch of: Address of parent institution (street, city, state, zip) The above information is true and correct to the best of my knowledge and belief.

Date: