

Submitted on 2024.03.05

Indiana Commission for Higher Education/
Indiana Board for Proprietary Education

**Out-of-State Institutions and
In-State Proprietary Institutions Offering Instruction in Indiana with
a Physical Presence* in the State:**

Application for Initial Institutional Authorization

1. Name of Institution: **Jeremi College**
2. Address of campus: **1544 W 45th St Munster IN 46321**
3. The institution is accredited by or seeking accreditation from: ***Council on Occupational Education (COE), Illinois Board of Higher Education, and The State of Indiana Office for Career and Technical Schools***
(Must be an accrediting agency that is recognized by the U.S. Department of Education or Secretary of Education)
Submit documentation from the accrediting body indicating the institution's current status.
See the school's accreditation paperwork attached.
4. Provide information on the current status of any approvals needed by licensing boards. **NA**
5. The institution has its principal campus in the State of: **Indiana**
6. Provide the institution's most recent Federal Financial Responsibility Composite Score, whether published online, provided in written form by the U.S. Department of Education, or calculated by an independent auditor using the methodology prescribed by the U.S. Department of Education.
See the schools Federal Financial Responsibility Composite Score attached.
7. The institution submits the following information for each certificate and diploma program to be offered [Do not submit degree programs; these require a separate application]:

<u>CIP Code</u>	<u>Program Name</u>	<u>Level</u>	<u>Length</u>	<u>Cr. or Cl. Hrs.</u>	<u>Indicate Annual or Cr. Hr. Tuition</u>
51.0801	Proposed/Clinical Medical Assisting Technologist	Certificate	600 hours	Clock hours	Annual/Program \$12,000
11.1006	Proposed/Computer Support Specialist	Certificate	600 hours	Clock hours	Annual/Program \$12,000
51.0805	Proposed/Pharmacy Technician	Certificate	300 Hours	Clock Hours	Annual/Program \$4,980
51.3801	Proposed/Associate of Science in Nursing	Licensure/AS Degree	2025 Hours	Clock Hours	Program 27,000

8. The institution is submitting payment in the amount of \$2,500.00 (check made payable to the State of Indiana). ***See check enclosed.***

- 9. Provide a copy of the most recent inspection report from the local municipal or rural Indiana fire department. *See the most recent local municipal Indiana fire inspection attached.*
- 10. Provide documentation of liability insurance to cover students. *See the documentation of liability insurance attached.*
- 11. If your institution is incorporated in the State of Indiana, please include a current copy of your *Articles of Incorporation* as filed with the Indiana Secretary of State. If your main campus is located out-of-state but you have a physical presence in Indiana, then you must provide a copy of the *Certificate of Authority*. For further information visit the Indiana Secretary of State webpage at: <http://www.in.gov/sos/business/2426.htm>
See copy of the Articles of Incorporation attached.
- 12. For-profit institutions must list the names and addresses of the institution’s stockholders owning 5% or more of stock in the institution or corporation.

Sandra Dafiaghor 1544 W 45th St. Munster IN 46321 – See stock holder information attached.

- 13. Provide the latest published Financial Responsibility Composite Score (FRCS), or if a newer U.S. DOE FRCS has been issued attach the letter.
See the latest Finaicial Responsibility Copposite Score attached.
- 14. Attach a copy of your current or proposed catalog, institutional student contract, or enrollment agreement. The Statement of Authorization and Indiana Uniform Refund Policy is required in all catalogs, and may be appropriate for inclusion in other documents such as institutional student contract, enrollment agreements and other materials. See Appendix I
See proposed catalog attached.
- 15. Campus director information:

Name of Campus Director: ___Sandra Dafiaghor, PhD_____

Title of Campus Director: ___President_____

Phone Number of Campus Director: ___(219) 712-9567_____

Email of Campus Director: ___sdafiaghor@jeremi.edu_____

I affirm that the information submitted on this form is true and correct to the best of my knowledge and that all supportive statements and documents are true and factual:

Person submitting this form: ___Sandra Dafiaghor, PhD_____

Position title of person submitting this form: ___President_____

Phone number contact of person submitting this form: ___(219) 712-9567_____

Email contact of person submitting this form: ___sdafiaghor@jeremi.edu_____