

PRIVATE CAREER SCHOOL CLOSE-OUT FORM

A. School Information

School Name: _____
Address: _____
(Provide addresses for multiple locations on a separate page)
City, State, Zip: _____
Telephone: _____ FAX: _____
Email: _____

B. School Owner Information

Owner's Name: _____
Home Street Address: _____
City, State, Zip: _____
Telephone: _____ FAX: _____
Email: _____

C. Student Transcripts and School Records

The school officially opened on: _____
The school officially closed on: _____

In accordance with N.J.A.C. 12:41-4.7, the closing school owner shall submit the Training Evaluation Unit with this PCS Close-Out Form, an electronic version (DVD, CD, etc.) of each student's transcript.

D. Notification of Closing

School closed due to the following *(check all that apply)*:

Low Enrollment Bankruptcy High Default Rate Relocation
 Other (please explain): _____

1. Were there any students enrolled and/or attending classes at the time of the school's closure? Yes No
2. Were students notified in writing of the closing? Yes No
3. Were all student financial obligations met prior to the closing? Yes No
4. Were students notified in writing of the record storage procedure? Yes No
5. Were students given a copy of their student records (transcripts, diploma, and financial records)? Yes No
6. Have teach-out arrangements been made for current students? Yes No
If yes, include a copy of all teach-out agreements.

E. Tuition Performance Bond (If applicable, please list multiple locations on separate paper.)

Do you have an active Tuition Performance Bond? Yes No

If yes, total amount of Bond: \$ _____ Bond #: _____

Name of Bond Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____ FAX: _____

Email: _____

I have attached a copy of the records necessary to execute the Bond. These records include copies of the following information for each student enrolled within 90 days of the school's closing: name, address, phone number, email address, transcript, attendance and financial records. * _____

F. Accreditation

During the time of operation, was the school accredited by any organization(s), association(s), commission(s), etc.?

Yes No If yes, please specify.

Name of Organization: _____

School Year: _____

Name of Organization: _____

School Year: _____

G. Authorized Signature

Name and Title: _____

Signature: _____ Date: _____

Please return this form and documents to the:

New Jersey Department of Labor and Workforce Development
Center for Occupational Employment Information
Training Evaluation Unit
John Fitch Way, PO Box 057
Trenton, New Jersey 08625-0057

Email: trainingevaluationunit@dol.nj.gov