

OFFICE OF NON-RESIDENT INSTITUTIONS
Alabama Commission on Higher Education
P. O. Box 302000, Montgomery, AL 36130-2000
100 North Union Street, Suite 782, Montgomery, AL 36104-3758

Application for Exemption from Programmatic Review

Initial Application / Renewal Application

Non-resident postsecondary institutions (NRI) seeking to establish a physical presence in Alabama or to recruit Alabama students must be licensed or be exempt from licensing by the Private School Licensing Division in the Alabama Community College System (ACCS). Licensure is contingent in part on programmatic approval or exemption from review by the Alabama Commission on Higher Education (ACHE) [see <https://www.accs.edu/about-accs/private-school-licensure/>].

The Code of Alabama authorizes certain institutions to offer postsecondary programs of instruction to Alabama residents, including NC-SARA participating institutions that do not have a physical presence in Alabama [<https://admincode.legislature.state.al.us/administrative-code/300-2-1-.02>]. *Therefore, institutions that are authorized by the Code of Alabama or that ACCS exempts from licensure are automatically exempt from ACHE review and do not need to submit an ACHE application..* Otherwise, to apply for exemption from programmatic review, complete the following application and submit by email to NRI@ache.edu or by surface mail to the address above. No fee is payable to ACHE for this application or for exemption from programmatic review. Please note: Exemption from ACHE programmatic review does not exempt an institution from ACCS licensure.

Institutions that do not qualify for ACHE exemption by any of the criteria listed below in Part II: Exemption Criteria and are applying for Alabama licensure must complete the ACHE Application for Programmatic Review available at https://archive.ache.edu/academics/NRI/Prog_Review_Application.pdf.

PART I: INSTITUTION

| | |
|----------------------|----------|
| Main Campus Name: | |
| Address: | |
| Institution OPE ID#* | Website: |

**The OPE ID number is a unique 8-digit number assigned to postsecondary educational institutions that are currently/formerly participating in federal Title IV programs or that want to apply for participation. If the institution does not participate in federal Title IV programs and does not have an OPE ID number, enter "N/A."*

PART II: EXEMPTION CRITERIA *Check the most relevant statement below:*

- a. The institution is physically located within the United States of America (USA) or its territories and is accredited by a United States accreditation agency recognized by the United States Department of Education or Council on Higher Education Accreditation. If so, attach documentation of the institution’s location, its accreditation, and date of the most recent accreditation.

- b. The institution originated in Alabama and is now owned by an institution or corporation headquartered in another state. If so, attach documentation of the institution’s origination in Alabama and current ownership.

- c. The institution does not offer postsecondary degree programs to Alabama students.

NOTE: For “a” and “b” above, provide documentation to verify exemption from ACHE programmatic review.

PART IV: CERTIFICATION OF APPLICATION

In submitting this application, the state agency or governing authority certifies that participation, if any, in federal Title IV programs complies with U.S. Code 34 CFR §668.43 Subpart D: Institutional and Financial Assistance Information for Students (https://www.govregs.com/regulations/title34_chapterVI_part668_subpartD).

AUTHORIZED PREPARER: Institutional or corporate officer authorized to prepare and submit this application.

| | |
|----------|--------|
| Name: | Email: |
| Title: | Phone: |
| Address: | |

CONTACT (if different from authorized preparer):

| | |
|----------|--------|
| Name: | Email: |
| Title: | Phone: |
| Address: | |

PART V: AFFIDAVIT

I, _____, being duly sworn, depose and state that each of the statements in this application and all items attached to this application are true and correct to the best of my knowledge and belief.

Signature Date

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

Notary Public _____

County and State _____

My Commission Expires _____

*Revised: 1 May 2026
Previous editions are obsolete*