Arkansas Division of Higher Education

101 E. Capitol Avenue, Suite 300 • Little Rock, Arkansas • 72201 • (501) 371-2000 • Fax (501) 371-8000 dhe.private.careered@adhe.edu

FORM 2025 CHANGE IN NAME, LOCATION, OR CLOSURE OF LOCATION

Includes Traveling Schools

Fees are only for a change in name (not location) and are based on the program with the most expensive tuition. (No fee is charged for the closure of a location.)

Highest Tuition	Fee
\$0 - \$500	\$250
\$500 - \$1,000	\$500
\$1,000 +	\$750

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CURRENT	
NAME OF SCHOOL	
ADDRESS (LOCATION)	
ADDRESS (MAILING)	
ADDRESS (MAILING)	
TELEPHONE	
E-MAIL ADDRESS	
WEBSITE	
SCHOOL CONTACT	
DATE OF CLOSURE (IF	
APPLICABLE)	

NEW	(Complete all information that has changed.)
NAME OF SCHOOL	
ADDRESS (LOCATION)	
ADDRESS (MAILING)	
TELEPHONE	
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E-MAIL ADDRESS	

WEBSITE	
SCHOOL CONTACT	
CONTACT'S E-MAIL ADDRESS	
FIRST DATE IN NEW LOCATION	

STATEMENT OF COMPLIANCE

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets, are true, complete and accurate.

Printed Name of Official	Title	
Signature of Official	Date	