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## Exemption Registry Application for Higher Education Institutions

## (*Regulations for Licensing Institutions of Higher Education in Puerto Rico*, 2012; Section 9.2)

The Puerto Rico Council on Education will not exercise jurisdiction over religious programs, military establishments and institutions of distance education that operate outside Puerto Rico, provided they comply with the criteria established in the regulations for licensing higher education institutions (*Reglamento para el Licenciamiento de Institutiones de Educación Superior en Puerto Rico*, No. 8265 (2012). It will be the responsibility of the exempt institution to inform and advise its applicants, students, and general public on the scope of the degrees or credentials it awards.

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| Type of Exemption Requested |
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| [ ]  Religious Programs | Courses or programs leading to religious degrees whose sole purpose is to enable students to obtain positions or perform in occupations related to the religion or sect towards which they are oriented. (Section 9.2.1 of the *Regulations*) |
| [ ]  Military Establishments | Institution providing educational services leading to higher education degrees in military establishments of the Armed Forces of the United States of America located in Puerto Rico, if the same are circumscribed to students in active military service. (Section 9.2.2 of the *Regulations*) |
| [ ]  Distance Education  | Institution located outside the jurisdiction of Puerto Rico offering distance education to students in the Island must comply with the requirements established by the Council regarding the Registry of Distance Higher Education Institutions that are not required a license. (Section 9.2.3 of the *Regulations*) |

| GENERAL INFORMATION ABOUT THE INSTITUTION |
| --- |
| Name |       |
| Corporate Name |       |
| Physical Address  |       |       |
|  | Number | Street |
|  |       |
|  | Other |
|  |       |       |       |
|  | State | Country  | Zip Code |
| PostalAddress  |       |       |
|  | Number | Street |
|  |       |
|  | Other |
|  |       |       |       |
|  | State | Country  | Zip Code |
| Phone No. | (     )       | Fax No. | (     )       |
| Email |       | Web Page |       |

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| Contact Information |
| Chief Executive  |  |  |
| *Full Name* | *Title* |
| Contact Person  |  |  |
| *Full Name* | *Title* |
| Phone No. | (     )       | Email |        |

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| Main Administrators (Add as many rows as needed) |
| **Full Name** | **Position and Office** | **Academic Degree**  | **Major/Specialization**  | **Institution** | **Graduation Year** |
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| **Type of Institution** | **Academic Levels Related to the Exempt Degrees** |
| [ ]  Public[ ]  Private [ ]  Non For Profit [ ]  For Profit | [ ]  Associate Degree [ ]  Master[ ]  Baccalaureate [ ]  Doctorate [ ]  Professional Certificate [ ]  First Professional Level  |
| **Carnegie Classification of Institutions of Higher Education** |
| [ ]  Associate College [ ]  Baccalaureate College [ ]  Doctorate-granting Universities[ ]  Master Colleges and Universities [ ]  Special Focus Institution [ ]  Not Classified |

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| Accreditations |
| Name of Entity |       |
| Type of Accreditation | [ ]  Institutional [ ]  Programmatic (Identify Program)       |
| Status  | [ ]  Candidate [ ]  Approved [ ]  Probation [ ]  Other (specify)       |
| Effective Period | FromClick here to enter a date. | UntilClick here to enter a date. |
| Name of Entity |       |
| Type of Accreditation | [ ]  Institutional [ ]  Programmatic (Identify Program)       |
| Status  | [ ]  Candidate [ ]  Approved [ ]  Probation [ ]  Other (specify)       |
| Effective Period | FromClick here to enter a date. | UntilClick here to enter a date. |

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| Institution’s Mission |
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| ENROLLMENT SERVED OR TO BE SERVED IN PUERTO RICO |
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| LIST OF EXEMPT ACADEMIC PROGRAMS |
| List all academic programs subject to exemption; add as many rows as needed. Include the complete title of the degree or certificate (credential) to be earned; ex.: A.S., B.A., B.S., M.A., M.S., Ed.D., Ph.D., Graduate Certificate…) |
| **Degree/Certificate Earned** | **CIP Code** |
|  |  |
|  |  |

**Complete the following for each academic program listed above.**

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| **Information about the Exempt Program** |
| **Title of the Program** |  |
| **Academic Term** | [ ]  Semester [ ]  Trimester [ ]  Bimestrial [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount of weeks: \_\_\_\_\_\_\_\_\_\_\_ |

**Equivalent Unit for Hours/Credit per term**

**1Credit = \_\_\_\_\_\_\_ course hours**

**1Credit = \_\_\_\_\_\_\_ laboratory**

**1Credit = \_\_\_\_\_\_\_ practicum hours**

Indicate if this program leads to a profession or occupation regulated by law in Puerto Rico

**❒ YES ❒ NO**

If the answer is affirmative, the institution certifies that the graduates from the program comply with the requirements to be eligible for admission to the profession/occupation licensing exam.

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| **Curricular Design** | **Amount of Credits** |
| General Education |  |
| Core courses  |  |
| Major/Specialization |  |
| Electives |  |
| Other |  |
| Total |  |

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| **Description of the Exempt Program** (scope and nature) |
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| **Admission Requirements** (to the Institution and to the program, including pre-requisite courses) |
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| **Graduation Requirements** (to the Institution and to the program) |
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| **Description of the Graduate Profile.** (The graduate profile should include the skills, knowledge, and attitudes the student will acquire through the program).  |
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| **Courses** |
| **Code** | **Course Title**  | **Credit/hr** |
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**CERTIFICATION**

I hereby certify that the information and documents submitted with this application, as well as those to be provided during the evaluation process are true, accurate, and in accordance with applicable regulatory provisions. This application is filed pursuant to proceedings set forth in Reorganization Plan No. 1 of July 26, 2010 and Regulations for Licensing Higher Education Institutions in Puerto Rico, No. 8265 of 2012.

I hereby acknowledge that the information and documentation may be confirmed and that the statement of any inaccurate, false, or misleading information may imply non-compliance with these statutes and may involve economic sanctions or consequences to the institution. I understand that the institution has the continuing obligation to comply with the evaluation criteria set out in the regulations of the Puerto Rico Council on Education.

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| Name of the Chief Executive |  | Position Title |
|  |  |  |
| Signature |  | Date |

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| Revised Dec2015/BERA |