

Application for Appeal or Reconsideration

Application for Appeal or Reconsideration of a Commission Decision

Name of Institution: _____

Address of Institution: _____
(Street Address) (City, State) (ZIP)

Telephone: _____ Fax: _____ Today's Date: _____
(Area Code) (Area Code)

Check One:

We hereby elect to undergo a: Appeal Hearing Reconsideration Hearing

(Please refer to the *DETC Accreditation Handbook* for complete information on the above options.)

Appeal or Reconsideration Procedures

1. The institution submits this Application for an appeal or reconsideration to the Executive Director of the Accrediting Commission within 10 days of the receipt of the Commission's written statement advising the institution of the decision to deny or withdraw accreditation. The appeal fee must accompany this Application.
2. The institution submits a written statement of the grounds for its request for an appeal or reconsideration within 14 days of receipt of the Commission's written statement advising of its action.
3. The institution's accounts, including hearing and transcript fees, with the Distance Education and Training Council and the Accrediting Commission must be paid in full at least 10 days before the date of the hearing.
4. The Commission will schedule the hearing and will designate the time and place the hearing will be held.
5. The institution has the opportunity to make an oral presentation at the hearing. The oral presentation may not exceed 20 minutes. If applicable, please list below those who will be attending the hearing on behalf of the institution:

_____	_____	_____
(Name)	(Title)	(Affiliation)

_____	_____	_____
(Name)	(Title)	(Affiliation)

_____	_____	_____
(Name)	(Title)	(Affiliation)

6. The institution, at its option and its expense, shall have the right to the presence of its own legal counsel at, and a transcript of, its oral presentation at the hearing.

- I would like a transcript (\$500 deposit).
- Our legal counsel will be attending the hearing.

Name of Counsel: _____

Firm: _____ Phone No.: _____

Fax: _____ E-mail: _____

Address: _____

7. If the institution has elected to undergo an **appeal hearing**, it may nominate one individual (either a former Commissioner or any bona fide executive officer of an accredited institution, other than the institution making the appeal) to serve on the three member appeal panel (see *DETC Accreditation Handbook* for qualifications). The Accrediting Commission will coordinate hearing details with this individual.

Nomination: _____

8. The institution may submit written material pertaining to the appeal or reconsideration up to 10 days prior to the hearing date. New documents or materials may **not** be presented for the Commission’s consideration at the time of the institution’s oral presentation at the hearing.

9. Within 10 days following the conclusion of the appeal or reconsideration hearing, the Commission shall send the institution a written statement advising of the action and the basis for that action on the appeal or reconsideration.

I certify that all of the information on this application is true and correct:

Institution’s President or CEO: _____ Signature: _____

Application Checklist

- Fee attached (\$20,000)
- Optional fee for transcript deposit (\$500)
- Written grounds for appeal **or** reconsideration
- Names of those attending appeal hearing

Submit this form to: Executive Director (address below).