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Commissioner

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Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
Division of Educator Support and Higher Education
Office of Career School Licensing
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Concord, NH 03301
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SCHOOL CLOSURE GUIDELINES
September 9, 2024

Please be advised that pursuant to Heds 304.05(a), a school is required to notify the Office of Career School Licensing no less than 30 days prior to the closing date. As defined in Heds 302.01(m), "school closure" means a school exiting New Hampshire, closing its doors, or changing programs making it exempt from career school licensing rules. To assist you in submitting the information, feel free to use the guidelines found on page two of this document. Please also be sure to review 304.05(a) in its entirety.

Please include the applicable fee, \$250, as outlined in the fee schedule in Heds 304.06(a), Table 304-1, in addition to supporting documentation.

If you have questions, we recommend you contact your legal counsel.

SCHOOL CLOSURE GUIDELINES

Please submit to the Office of Career School Licensing the following information as required by Heds 304.05(a). Please be sure to include the date, the name and address of the institution, and the name, email address, and contact phone number of the administrator.

Items

Additional Administrator Comments:

1. An explanation of closure. _____

2. One original transcript or certificate for all current and former students who were enrolled (hard copies). _____

3. One electronic copy of transcript or certificate for all current and former students who were enrolled. _____

4. One original or electronic copy of catalogs for each year in existence. _____

5. Public disclosure and student notification. _____

6. A plan for discontinuation of programs or courses. _____

7. Student records including a unique identifier. _____

8. Teach-out schedule detailing program or course completion. _____

9. Any correspondence to and from accrediting agencies in regards to closure. _____

10. List of applicable documents. _____

11. Applicable fee of \$250. _____

SCHOOL CLOSURE – GENERAL INFORMATION

Please complete the following. Please use the following format when entering a date: mm/dd/yyyy.

1. Full Name of School _____
2. Date Opened _____
3. Date Closed _____
4. Dates Licensed _____
5. Completion Date of Last Student(s) _____
6. Year(s) for which catalog(s) are available _____
7. Reason For Closure _____

8. Registered Address, Phone, Website _____

9. Current Mailing Address, if applicable _____

10. Type of School _____
11. Accreditation, if applicable _____

12. Previous Name(s) and Address(es) _____

13. License Number _____
14. Contact Information (name, title, phone, email) _____

