

**Indiana Commission for Higher Education  
Indiana Board for Proprietary Education  
Out of State Institutions and  
In-state Proprietary Institutions Offering Instruction in Indiana  
with a Physical Presence in the State**

**Application of Initial Institutional Authorization**

1. Name of Institution: Columbia College-Grissom ARB
2. Address of campus: 7207 S Grissom Ave, Grissom ARB, IN 46971-1609
3. The institution is accredited by or seeking accreditation from:  
(Must be an accrediting that is recognized by the U.S. Department of Education or Secretary of Education)  
Submit documentation from the accrediting body indicating the institution’s current status. **See Attachment: Higher Learning Commission**
4. Provide information on the current status of any approvals needed by licensing boards.  
**N/A**
5. The institution has its principal campus in the State of: **Missouri**
6. Provide the institution’s most recent Federal Financial Responsibility Composite Score, whether published online, provided in written form by the U.S. Department of Education, or calculated by an independent auditor using the methodology prescribed by the U.S. Department of Education. **See Attachment: Financial Responsibility Composite Score**
7. The institution submits the following information for each certificate and diploma program to be offered (Do not submit degree program; these require a separate application):

<b>CIP Code</b>	<b>Program Name</b>	<b>Level</b>	<b>Length</b>	<b>Cr. or Cl. Hrs.</b>	<b>Indicate Annual or Cr. HR. Tuition</b>
N/A	N/A	N/A	N/A	N/A	N/A

8. The institution is submitting payment in the amount of \$1000.00 (check made out to the State of Indiana). **Yes, mailed**
9. Provide a copy of the most recent inspection from the local municipal or rural Indiana fire department. **See Attachment: Fire Inspection Report**

10. Provide documentation of liability insurance to cover students. **See Attachment: Commercial General Liability Insurance**
11. If your institution is incorporated in the State of Indiana, please include a current copy of your *Articles of Incorporation* as filed with the Indiana Secretary of State. If your main campus is located out-of-state but you have a physical presence in Indiana, then you must provide a copy of the *Certificate of Authority*. For further information visit the Indiana Secretary of State webpage at <https://www.in.gov/sos/business/division-forms/business-forms/>. **See Attachment: Certificate of Authority Indiana Secretary of State**
12. For profit institutions must list the names and address of the institution's stockholders owning 5% or more of stock in the institution or corporation. **N/A**
13. Provide the latest published Financial Responsibility Composite Score (FRCS), or if a newer U.S. DOE FRCS has been issued attach the letter. **See Attachment: Financial Responsibility Composite Score**
14. Attach a copy of your current or proposed catalog, institutional student contract, or enrollment agreement. The State of Authorization and Indiana Uniform Refund Policy is required in all catalogs, and may be appropriate for inclusion in other documents such as institutional student contract, enrollment agreements and other materials. (See Appendix I) **See Attachments: Undergraduate Catalog, Student Enrollment Form, Indiana Catalog Addendum, Refund Policy Statement**
15. Campus director information:

Name of Campus Director: Jeannie Simmons

Title of Campus Director: Senior Regional Director

Phon Number of Campus Director: (817) 377-3276

Email of Campus Director: [jsimmons@ccis.edu](mailto:jsimmons@ccis.edu)

**I affirm that the information submitted on this form is true and correct to the best of my knowledge and that all supportive statements and documents are true and factual:**

Person submitting this form: Victoria Steel

Position title of person submitting this form: Director of Institutional Compliance

Phone number contact of person submitting this form: (573) 875-7792

Email contact of person submitting this form: [vsteel@ccis.edu](mailto:vsteel@ccis.edu)