Accrediting Commission for Schools

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SUBSTANTIVE CHANGE EXPLANATION FORM FOR POSTSECONDARY INSTITUTIONS

Please complete and return to the WASC office. Attach additional page(s) if necessary.

Name of Institution: _____

Location: _____

Contact Person: _____ Phone: _____

- Briefly describe the nature of the change:

- Explain the reason for the change:

- Summarize the effect of the change on the educational program and institution's operations:

Report prepared by: _____
Signature Title Date