**STATE OF WASHINGTON**

WASHINGTON STUDENT ACHIEVEMENT COUNCIL

***917 Lakeridge Way • PO Box 43430 • Olympia, Washington 98504-3430 • (360) 753-7800 • TDD (360) 753-7809***

DEGREE AUTHORIZATION DIVISION

PHONE (360) 753-7869 • FAX (360) 704-6203

Dear Institutional Official:

For the Washington Student Achievement Council to determine whether your institution's educational activities would require authorization in Washington State, please download, complete, sign and fax this questionnaire to our agency at 360-704-6203 or you may scan the document and email it to: kareno@wsac.wa.gov.

_____

Name of Institution

_____

Mailing Address

_____

Accrediting Agency that accredits the Institution

1. Does the institution currently have or intend to have a physical presence in Washington State, which can include a branch campus, administrative office, or use of a Washington-based address and/or telecommunications number?

   Yes ☐ No ☐

2. Does the institution currently conduct or intend to conduct local advertisement and recruitment in the state that would specifically target Washington residents, such as ads in local media or a recruiting agent based in the state?

   Yes ☐ No ☐

3. Do any of the degree programs offered by the institution include a component in which the student is required to complete an internship, externship, clinical training, practica, etc. at a location in Washington State? If so, please provide details of this component (use additional sheets if necessary)

   Yes ☐ No ☐

   _____

   _____

   _____

*I certify that all information submitted in this document is true and accurate.*

_____

Signature

_____

Print Name

_____

Position at the Institution Contact Phone Email