



DEPARTMENT OF COMMERCE
 Commonwealth of the Northern Mariana Islands
 Caller Box 10007 C.K., Saipan, MP 96950
www.commerce.gov.mp

APPLICATION FOR CERTIFICATION OF EDUCATIONAL INSTITUTION

1. Name of Educational Institution:	2. Phone No.	3. Fax No.	4. Email Address:
5. Mailing Address:		6. Physical Address (provide sketch on page 2):	
7. Type of Educational Institution: <input type="checkbox"/> K-5 <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Trade <input type="checkbox"/> Other (pls. specify): _____			
8. Number of years in operation: K-5: _____ Elementary: _____ Secondary: _____ Post-Secondary: _____ Trade: _____ Other: _____			
9. Number of Enrollment: 2012: _____ 2013: _____ 2014: _____ 2015: _____ 2016: _____			
10. Number of Foreign Students (please provide list of current foreign students indicating if full or part-time): 2012: _____ 2013: _____ 2014: _____ 2015: _____ 2016: _____			
11. Number of Faculty/Staff (please provide list of all faculty/staff with corresponding credentials): 2012: _____ 2013: _____ 2014: _____ 2015: _____ 2016: _____			
12. Size of physical facilities occupied by the educational institution:			
13. Is the educational institution accredited by any authority?: <input type="checkbox"/> Yes <input type="checkbox"/> No (Name of accrediting authority)			
14. Is there any health facility provided for protection and safety of students? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what does your institution do to address this need?			
15. Educational Institution is: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Non-Profit			
In accordance with Title 20, Chapter 30, Subchapter 30.2; please attach the following required documents: <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current audited financial statements prepared by a U.S. certified public accountant <input type="checkbox"/> School catalog and curriculum or program of study offered by educational institution <input type="checkbox"/> Copies of advertisement for recruiting students from abroad <input type="checkbox"/> Copies of legal documents: <ul style="list-style-type: none"> • If corporation; articles of incorporation, by-laws, certificate of incorporation, annual corporation report • If LLC or LLP; articles of organization, operating agreement • If partnership; partnership agreement • If Non-Profit organization; certificate of charter, by-laws <input type="checkbox"/> Mission statement of educational institution <input type="checkbox"/> Lease/Rental agreement(s) for real estate property where educational institution is established <input type="checkbox"/> Copies of business license and tax clearances of educational institution 			

Disclaimer

Pursuant to §20-30.5-401; This certification reflects only the educational institution's authorization to accept foreign student who are present in the Commonwealth or seeking entry into the Commonwealth under a Foreign Student Entry Permit. The approval or denial of certification by the Secretary has no effect on the institution's accreditation by any accrediting authority.

THE APPLICANT HEREBY CERTIFIES AND SWEARS, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT. Applicant further understands that any false, misleading and/or incomplete information of material facts constitutes grounds for Denial or Revocation of Certification.

Name and Title of Authorized Person Applying for Certification (Print & Sign)

Date

If different from above, please provide name, address, and contact number of person who is the educational institution's authorized agent for service of process:

Sketch of location