



**DEPARTMENT OF COMMERCE**  
 Commonwealth of the Northern Mariana Islands  
 Caller Box 10007 C.K., Saipan, MP 96950  
[www.commerce.gov.mp](http://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: 2007:_____ 2008:_____ 2009:_____ 2010:_____ 2011:_____			
10. Number of Foreign Students (please provide list of current foreign students indicating if full or part-time): 2007:_____ 2008:_____ 2009:_____ 2010:_____ 2011:_____			
11. Number of Faculty/Staff (please provide list of all faculty/staff with corresponding credentials): 2007:_____ 2008:_____ 2009:_____ 2010:_____ 2011:_____			
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"> <li><input type="checkbox"/> Copy of current audited financial statements prepared by a U.S. certified public accountant</li> <li><input type="checkbox"/> School catalog and curriculum or program of study offered by educational institution</li> <li><input type="checkbox"/> Copies of advertisement for recruiting students from abroad</li> <li><input type="checkbox"/> Copies of legal documents:             <ul style="list-style-type: none"> <li>• If corporation; articles of incorporation, by-laws, certificate of incorporation, annual corporation report</li> <li>• If LLC or LLP; articles of organization, operating agreement</li> <li>• If partnership; partnership agreement</li> <li>• If Non-Profit organization; certificate of charter, by-laws</li> </ul> </li> <li>  Copies of business license and tax clearances of educational institution</li> <li><input type="checkbox"/> Mission statement of educational institution</li> <li><input type="checkbox"/> Lease/Rental agreement(s) for real estate property where educational institution is established</li> <li><input type="checkbox"/> Copies of business license and tax clearances of educational institution</li> </ul>			

**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**