# DEPARTMENT OF COMMERCE

Commonwealth of the Northern Mariana Islands
PO Box 5795 CHRB Capitol Hill Saipan MP 96950
Tel. 670-664-3065
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:

☐ K-5 ☐ Elementary ☐ Secondary ☐ Post-Secondary ☐ Trade ☐ Other (pls. specify):_____

8. Number of years in operation:

K-5:_____ Elementary:_____ Secondary:_____ Post-Secondary:_____ Trade:_____ Other:_____

9. Number of Enrollment:

20__: _____

10. Number of Foreign Students (please provide list of current foreign students indicating if full or part-time):

20__: _____

11. Number of Faculty/Staff (please provide list of all faculty/staff with corresponding credentials):

20__: _____

12. Size of physical facilities occupied by the educational institution:

13. Is the educational institution accredited by any authority?: ☐ Yes ☐ No (Name of accrediting authority)

14. Is there any health facility provided for protection and safety of students? ☐ Yes ☐ No
If No, what does your institution do to address this need?

15. Educational Institution is:

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP ☐ Non-Profit

In accordance with Title 20, Chapter 30, Subchapter 30.2; please attach the following required documents:

☐ Copy of current audited financial statements prepared by a U.S. certified public accountant
☐ School catalog and curriculum or program of study offered by educational institution
☐ Copies of advertisement for recruiting students from abroad
☐ Copies of legal documents:
- 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

☐ Mission statement of educational institution
☐ Lease/Rental agreement(s) for real estate property where educational institution is established
☐ 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**