

# PRIVATE CAREER SCHOOL CLOSE-OUT FORM

In accordance with N.J.A.C. 12:41-4.7, the closing school owner shall submit the Training Evaluation Unit with this PCS Close-Out Form, an electronic version (*DVD, CD, etc.*) of each student's transcript. The closing school owner shall also complete a Refund Calculation Form for each student affected by the closure and provide said form to the Training Evaluation Unit and to each student.

## A. School Information

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
*(Provide addresses for multiple locations on a separate page)*  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

## B. School Owner Information

Owner's Name: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

## C. Student Transcripts and School Records

The school officially opened on: \_\_\_\_\_  
The school officially closed on: \_\_\_\_\_

## D. Notification of Closing

School closed due to the following (*check all that apply*):

Low Enrollment                       Bankruptcy                       High Default Rate                       Relocation  
 Other (please explain): \_\_\_\_\_

1. Were there any students enrolled and/or attending classes at the time of the school's closure?  Yes  No
2. Were students notified in writing of the closing?  Yes  No
3. Were all student financial obligations met prior to the closing?  Yes  No
4. Were students notified in writing of the record storage procedure?  Yes  No
5. Were students given a copy of their student records (transcripts, diploma, and financial records)?  Yes  No
6. Have teach-out arrangements been made for current students?  Yes  No  
If yes, include a copy of all teach-out agreements.

**E. Tuition Performance Bond** (If applicable, please list multiple locations on separate paper.)

Do you have an active Tuition Performance Bond?  Yes  No

If yes, total amount of Bond: \$ \_\_\_\_\_ Bond #: \_\_\_\_\_

Name of Bond Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**I have attached a copy of the records necessary to execute the Bond. These records include copies of the following information for all students enrolled prior to the school's closing: name, address, phone number, email address, transcript, attendance and financial records. \*** \_\_\_\_\_

**F. Accreditation**

During the time of operation, was the school accredited by any organization(s), association(s), commission(s), etc.?

Yes  No If yes, please specify.

Name of Organization: \_\_\_\_\_

School Year: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

School Year: \_\_\_\_\_

**G. Authorized Signature**

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form and documents to the:

New Jersey Department of Labor and Workforce Development  
Center for Occupational Employment Information  
Training Evaluation Unit  
John Fitch Way, PO Box 057  
Trenton, New Jersey 08625-0057

Email: [trainingevaluationunit@dol.nj.gov](mailto:trainingevaluationunit@dol.nj.gov)

FAX: (609) 292-2142