STATE OF MISSISSIPPI
Commission on Proprietary
School and College Registration
3825 Ridgewood Road
Jackson, Mississippi 39211

Name of Institution

Name & Contact Number

Location

FOR CPSCR USE ONLY
Date Received : _____
Amount Received : _____
Check/M.O.: _____
Amount Verified: ☐Yes ☐No
Date Verified :_____
Initials of Verifying Officer:_____

Item (check all that apply)	**Fee**	**Amount Submitted**
Initial Application Fee ☐ Yes ☐No	$2,500.00	
GAT **FY2 20_____**	Gross Annual Tuition* (GAT)_____ *(fill in your institution's total GAT)* • If GAT is less than $50,000, then $500.00 • If GAT is greater than $50,000, then $1,000.00 or 25/100 of 1% (.0025) of GAT whichever is greater	
Renewal Application Fee ☐Yes ☐No	**Base Renewal Fee = $1,000.00**	
Delinquent Fee ☐Yes ☐No	$500.00	
Reinstatement Fee ☐ Yes ☐No	$1,000.00	
New Course Approval Fee ☐ Yes ☐No	Number of New Courses _____ X $250.00	

Item (check all that apply)	**Fee**	**Amount Submitted**
New Program of Study ☐ Yes ☐No	Number of New Programs _____ X $250.00 *Includes one new course. Additional course add fee above.*	
Initial Agent Permit Fee ☐Yes ☐No	Number of New Agents _____ X $500.00	
Renewal Agent Permit Fee ☐ Yes ☐No	Number of Renewal Agents _____ X $250.00	
Other ☐ Yes ☐No	(Check all that apply) ☐ Annex Registration Fee - $250.00 ☐ Change of address - $250.00 ☐ Change of ownership - $250.00 ☐ Name change - $250.00 ☐ Program Modifications - $250.00 ☐ Voluntary Suspension - $250.00 ☐ Institutional Exemption - $100.00 (Annual)	
Special Site Visit ☐Yes ☐No	Base Fee = $500 plus Expense fees of visiting team _____ *(fill in actual expenses of visiting team)*	
Total		