

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

Item (check all that apply)	Fee	Amount Submitted
Initial Application Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	\$2,500.00	
GAT FY 20_____ <i>All GAT is due at the beginning of each fiscal year (July)</i>	Gross Annual Tuition* (GAT) _____ <i>(fill in your institution's total GAT)</i> <ul style="list-style-type: none"> • 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	\$1,000.00	
Delinquent Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	\$500.00 (1 st month) . Fees will increase by \$500 for every 30 days that fees are not paid for a maximum for \$3000. Failure to pay the assessed Delinquent Fee may lead to the suspension of the institution's Certificate of Registration.	
Reinstatement Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	\$1,000.00	

Item (check all that apply)	Fee	Amount Submitted
New Course Approval Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of New Courses _____ X \$250.00	
New Program of Study <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of New Programs _____ X \$250.00 <i>Includes one new course.</i>	
Initial Agent Permit Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of New Agents _____ X \$500.00	
Renewal Agent Permit Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Renewal Agents _____ X \$250.00	
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	(Check all that apply) <input type="checkbox"/> Annex Registration Fee - \$250.00 <input type="checkbox"/> Change of address - \$250.00 <input type="checkbox"/> Change of ownership - \$250.00 <input type="checkbox"/> Name change - \$250.00 <input type="checkbox"/> Program Modifications - \$250.00 <input type="checkbox"/> Voluntary Suspension - \$250.00 <input type="checkbox"/> Exemption - \$100	
Special Site Visit <input type="checkbox"/> Yes <input type="checkbox"/> No	Base Fee = \$500 plus Expense fees of visiting team _____ <i>(fill in actual expenses of visiting team)</i>	
Total		