



Reasonable Cause Request Certification

Directions: Please complete and submit this certification as part of requesting a change of accrediting agencies or multiple accreditation. Please submit this certification request to the CaseTeams@ed.gov.

Section 1: Identifying Information

1. Name of institution:
2. OPE ID:
3. Submitting official:
4. Title:
5. Email:
6. Phone:

Section 2: Reasonable Cause Change Request

1. Change of Primary Accrediting Agencies Multiple Accreditation
2. Name of accrediting agency from which you seek to change or add:
3. Date of the last renewal of accreditation:
4. I have attached the most recent accreditation renewal decision letter with submission of this document.
5. Date that the institution's accreditation is set to expire:
6. Name of proposed new or added accrediting agency:
7. *If multiple accreditation,*
 - a. Which agency will be the primary accrediting agency if the application for multiple accreditation is approved?
8. Reasons for changing accrediting agencies or adding multiple accreditation (check all that apply):
 - financial
 - expanding program offerings
 - better alignment of accreditation standards
 - strengthening institutional quality
 - mission
 - credential offering
 - statutory requirement to change
 - other:



Section 3: Institutional Certification

1. The institution certifies it has NOT had its accreditation withdrawn, revoked, or otherwise terminated for cause during the preceding 24 months.
2. The institution certifies it has NOT been subject to a probation or equivalent, show cause order, or suspension order during the preceding 24 months.
3. The institution acknowledges that it may not disburse Title IV funds to any students enrolled in programs that are not within the new agency's scope of recognition by the Department.

Section 4: Institutional Signature

1. Signature:
2. Name institution official:
3. Title of institution official:
4. Date:

To the best of my knowledge and belief, I certify that all information in this Reasonable Cause Certification Request is true and correct. I acknowledge that failure to submit true and correct information, or failure to remain in compliance with the change of accrediting agency requirements or maintain multiple accreditation, as applicable, may result in liability under the False Claims Act, 31 U.S.C. § 3729, *et seq.*; OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement) in 2 C.F.R. part 180, as adopted and amended as regulations of the Department in 2 C.F.R. part 3485; and 18 U.S.C. § 1001, as appropriate, and/or other enforcement actions.

Section 5: Department Approval

Based on the forgoing submissions, the institution has met the requirements of 34 CFR 600.11 and its request to:

- change accrediting agencies
- maintain multiple accreditation

Additional Comments:

1. Signature:
2. Name of agency official:
3. Title of agency official:
4. Date: