



# FLORIDA COUNCIL OF PRIVATE COLLEGES

FIDES LICENTIA VERUM

## FCPC 200 ANNUAL AFFIDAVIT & CONTRACT

Web: [www.fcpc-edu.org](http://www.fcpc-edu.org) • E-mail: [info@fcpc-edu.org](mailto:info@fcpc-edu.org)

Thank you for filling in information that applies to your institution. Mark "N/A" if not applicable.

Date \_\_\_\_\_

**1. FCPC Compliance Oversight Affidavit & Contract for Membership** with faith based post-secondary education institutes, colleges, universities, or seminaries, or organizations based in or operating in Florida.

**ACADEMIC PROGRAMS:** (check all that your institution offers).

**Degree Granting**

Undergraduate degrees:  1 year  Associate  G Th.  Bachelor

Graduate degrees:  Master  Doctor  Post-Doctor

**Non-degree Granting**

Undergraduate courses only:  1 year  Associate  G Th.  Bachelor

Graduate courses only:  Master  Doctor  Post-Doctor

**Certificates**—non-degree courses,

**CEU's**—Continuing Education Units.

**2. FCPC Testimony Membership Level** (Check one (1) only) & **Institution Information**

**Advanced Member [A]**  **Sustaining Member [S]**  **Member [M]**  **Affiliate Member [AF]**

Name of Institution: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Physical Address if different from above:

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Administrative Officer: \_\_\_\_\_ Title: \_\_\_\_\_

3. **ENROLLMENT HEADCOUNT:** Total includes students taking one (1) or more courses in the previous Jan. 1 - Dec. 31 prior to April 1 on campus or by distance learning.

**Degree Granting & Non-degree Granting Courses**

**Undergraduate:**

1 year \_\_\_\_\_, Associate \_\_\_\_\_, Grad. of Theol. \_\_\_\_\_, Bachelor \_\_\_\_\_ = \_\_\_\_\_

**Graduate:**

Master \_\_\_\_\_, Doctor \_\_\_\_\_, Post-doctor \_\_\_\_\_ = \_\_\_\_\_

TOTAL \_\_\_\_\_

Less enrollment headcount when all tuition and fees are gratis = Minus \_\_\_\_\_

Net enrollment headcount for FCPC membership fee level = TOTAL \_\_\_\_\_

**Certificates** - Non-degree certificates = Total \_\_\_\_\_

**CEU's** - Continuing Education Units = Total \_\_\_\_\_

4. This Contract represents the entire agreement of the FCPC and the member institution. There are no promises, terms, conditions or obligations, other than those contained herein; and this Contract shall supersede all previous communications, representations or agreements, either verbal or written, between the FCPC and the member institution. If any portion(s) of this Contract are held to be invalid and/or unenforceable, the remaining portion(s) will continue in full force and effect. The FCPC and the member institution have caused this Contract to be executed in the manner and form sufficient to bind them. The foregoing Contract is understood, accepted, and agreed to upon signing by the member institution.

5. I affirm individually and on behalf of the institution that the following statements are true and correct. I have read and understand and our institution is in agreement with the FCPC ACADEMIC EXCELLENCE STANDARDS, FCPC ACADEMIC UNIT EQUIVALENCY GUIDELINES, FCPC FAIR PRACTICE STANDARDS, and FCPC CONTRACT AND CONFIDENTIALITY STANDARDS on [www.fcpc-edu.org](http://www.fcpc-edu.org).

I, the affiant, further state that I have knowingly and willingly signed this FCPC COMPLIANCE OVERSIGHT AFFIDAVIT & CONTRACT FOR MEMBERSHIP and the submission of this affidavit affirms our compliance with its requirements. Under Right to Contract Laws our institution has designated the Florida Council of Private Colleges, Inc. to represent our institution before any individual, private, government, or education agency and/or organization.

Administrative Officer: \_\_\_\_\_ Title: \_\_\_\_\_

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

**FCPC Facilitator (to be designated by FCPC)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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