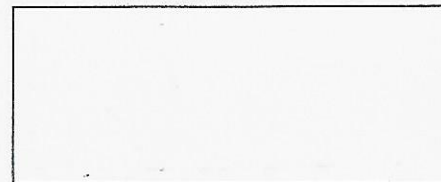


FLORIDA DEPARTMENT OF EDUCATION
COMMISSION FOR INDEPENDENT EDUCATION



APPLICATION FOR RELIGIOUS INSTITUTION
LETTER OF EXEMPTION

SECTION 1005.06(1)(f), F.S./ RULE 6E-5.001, Fla. Admin. Code

Please print or type.

Name of Religious Institution

Physical Address of Religious Institution

City: _____ State: _____ ZIP _____

Telephone Number: _____

Fax Number:* _____

Email:* _____

Website:* _____

* If available

Mailing Address of Institution or Representative (if different from address listed above):

Dr. Earle E. Lee, Florida Council of Private Colleges

41 N. 20th Street, A -17

City: Haines City State: FL ZIP 33844-4638

Name and Title of Person Executing Sworn Affidavit (Affiant must be an Officer,
Director or person holding similar office with the religious institution):

Name: _____

Title: _____

Sworn Affidavit

By signing below, the undersigned swears or affirms that the statements found in subparagraphs 1. through 5, are true and accurate:

- 1. The name of the institution includes a religious modifier or the name of a religious patriarch, saint, person, or symbol of the church.
- 2. The institution offers only educational programs that prepare students for religious vocations as ministers, professionals, or laypersons in the categories of ministry, counseling, theology, education, administration, music, fine arts, media communications, or social work.
- 3. Each degree title includes a religious modifier that immediately precedes, or is included within, any of the following degrees: Associate of Arts, Associate of Science, Bachelor of Arts, Bachelor of Science, Master of Arts, Master of Science, Doctor of Philosophy, and Doctor of Education. The religious modifier is placed on the title line of the degree, on the transcript, and whenever the title of the degree appears in official school documents or publications.
- 4. The duration of all degree programs offered by the institution is consistent with the standards of the Commission for Independent Education as set forth in Rule 6E-2.004(4), F.A.C.
- 5. The institution's consumer practices are consistent with those required by s. 1005.04, F.S.

Signed: _____

NOTARIZATION

STATE OF FLORIDA COUNTY OF _____

SWORN TO OR AFFIRMED before me this _____ day of _____, 20_____.

Personally known _____ or Produced Identification _____
List type of Identification Produced _____

Signature of Notary: _____

Print Name of Notary: _____

