ANTI-DISCRIMINATION COMPLIANCE AGREEMENT

The applicant agrees that no person shall, on the basis of race, color, religion, sex, physical/mental handicap, age, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination by this institution.

I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge and all supporting statements and substantive documents are true and correct.

	Name of School
	Officer and/or Owner (Signature)
State of) SS	
County of)	(official capacity)
Subscribed and Sworn before me this day	of, 20
	Notary Public
My Commission Expires:	
FOR OFFICE US	SE ONLY
Date Received	
Date Reviewed	
Date Surveyed	
Date Certificate Issued	
This application for approval of a proprietary school provisions of <i>Title 16, Chapter 40</i> , of the <i>General La</i> approval is valid for the period from	aws of the State of Rhode Island. Such

date

Office of Higher Education