

Distance Education Programs - Online Request Form
Request ID: 238

Please print a copy of the request, sign and mail to:

Distance Education Notification
Illinois Board of Higher Education
431 E. Adams Street, 2nd Floor
Springfield, IL 62701

Institution Information

OPEID*	00576300
Institution*	Central Georgia Technical College
Address*	3300 Macon Tech Drive, Macon, GA, 31206-
Web Address*	http://centralgatech.edu/
Accreditor*	The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

Contact Person for:

	Name	Phone	Email
Program*	Deborah Burks	478-757-3514x	dburks@centralgatech.edu
Reporting Complaints (if different)		--X	

***Are you currently authorized in another state? [Yes]**

If yes, which state? Georgia

***Are you accredited by a body recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation? [Yes]**

If yes, which accrediting body? The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

***Are you offering academic support services in the State of Illinois? [No]**

If yes, describe the services provided.

Verification

The undersigned hereby verifies that the information provided in this request is true, complete and correct to the best of his or her knowledge; and that he or she has the authority to submit this request on behalf of the above named institution; and that he or she is an authorized representative of said institution.

<u>Connie P Quinn</u>	<u>Evaluation Assessment</u>	<u>10/27/2011</u>
Name	Title <u>Specialist</u>	Date