



**Commonwealth of Massachusetts  
Division of Professional Licensure  
Office of Private Occupational School Education  
1000 Washington Street • Boston • Massachusetts • 02118**

**BRANCH CLOSURE FORM**

This form must be completed and submitted to the Division at least **thirty days prior** to the anticipated date of closure. A separate closure form must be completed for each branch. If the entire school is closing, please complete the *School Closure* form instead of this form.

School Name: \_\_\_\_\_

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

Contact Person Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address of Branch to Be Closed: \_\_\_\_\_

Effective Date of Closure: \_\_\_\_\_

Reason for Closure: \_\_\_\_\_

**Notifying Students:**

Students attending this school (check all that apply):

- Have been notified in writing of the date the school is closing this branch and have been notified that their records will be kept at: \_\_\_\_\_ (location)
  - Enclosed is a copy of the written notification provided to students.
  - A "Notice to Students" informing them of the closure has been posted on the door of the closing branch furnishing them with the necessary contact information.
- Completed their courses or programs of study on: \_\_\_\_\_ (date)
- Will complete their courses or programs of study at this location on: \_\_\_\_\_ (date)
- Will complete their courses or programs of study at an alternate location on: \_\_\_\_\_ (date)  
In the event students are unable to complete their courses at the current location and are also unable to attend at an alternate location, please enclose copies of all checks sent to students who are owed refunds.



**Advertising:**

- The school has withdrawn all advertising referencing this location from all media sources (print, TV, radio, etc.), or notified all media sources to cease all advertising effective: \_\_\_\_\_ (date)
- The school has notified its website service provider and/or domain host to remove all references to this location from its website, or has notified same to do so effective: \_\_\_\_\_ (date)

---

The signatory certifies that this document contains no misrepresentations or falsehoods. Misrepresentations or falsehoods shall be sufficient cause for denial or revocation of this school's license(s) to operate a private occupational school.

Signed under the pains and penalties of perjury.

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Title

\_\_\_\_\_  
School

\*This document must be signed by the owner, director, or authorized agent.

**To ensure timely delivery, please address all correspondence as follows:**

Massachusetts Division of Professional Licensure  
**Office of Private Occupational School Education**  
1000 Washington Street, Suite 710  
Boston, MA 02118-6100

For Division Use Only:
Acknowledged By: _____ Date: _____
<b>Copy sent to:</b> Tom Meagher, Office of the State Auditor, One Ashburton Place, Boston, MA 02108