Cessation of Operations Affidavit (Licensed School Close-Out)

Texas Workforce Commission – Career Schools and Colleges

STATE OF TEXAS	*	
COUNTY OF	*	
BEFORE ME, personally appeared And after being duly sworn, deposed as follows	:	
"My name is	, and I	own/operate/direc
making this affidavit and personally acquair	I am of sound minted with the facts herein	nd, capable of istated:
(name of school)	,(street address, city,	state)
ceased operations o <u>n</u> (date of closing	<u></u>	
(date of closing	g)	
The last day of instruction was	sses or any other instructiona	l activity)
The last day of instruction was (last day of cla All refunds, including applicable penalties, have liability to students who enrolled at the school.		
All refunds, including applicable penalties, have	e been made; and there is been issued a Certificate o	no outstanding of Approval by the
All refunds, including applicable penalties, have liability to students who enrolled at the school. The school will not reopen until the school has h Texas Workforce Commission or a letter of exe <i>Code</i> granted.	e been made; and there is been issued a Certificate o	a no outstanding of Approval by the <i>P, Texas Education</i>
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