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):

________________________________________

City: ___________________________ State: ___________ ZIP _________________________

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: _______________________________________

Page 1 of 2
CIE Form 113, Effective June 22, 2009
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: _________________________________________

Page 2 of 2 CIE Form 113, Effective June 22, 2009

Notary Seal