BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • BUREAU FOR PRIVATE POSTSECONDARY EDUCATION
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CLOSURE PLAN PURSUANT TO 5 CCR SECTION 76240

California Education Code section 94926 and Title 5 California Code of Regulations section 76240 (5 CCR 76240) outline requirements for institutions operating in California that intend to close. Required documentation must be submitted to the Bureau's Closed Schools Unit via email at BPPE.closedschools@dca.ca.gov or via mail at Bureau for Private Postsecondary Education Attn: Closed School Unit P.O Box 980818, West Sacramento, CA 95798. Questions about the school closure process can be directed to 888-370-7589, option 8.

1. CLOSING INSTITUTION LOCATION (If more than one location is closing, please submit a separate closure plan for each location)

Location Type: ☐ Main ■ Branch ☐ Satellite

Name: San Joaquin Valley College - Rancho Cordova School Code: 12086407

Physical Address: 11000 Olson Dr. Suite 100

City: Rancho Cordova State: CA Zip: 95670

Mailing Address (if different from above): 3828 W. Caldwell Ave.

City: Visalia State: CA Zip: 93277

Phone: 480-212-1614 Email: Robert.Hendrickson@embered.com Website: www.sjvc.edu

2. EXACT DATE AND REASON FOR CLOSURE

Exact Date of Closure: 9/1/2026

Last Date of Instruction for Each Educational Service or Program (attach additional pages as necessary): 8/7/2026

Reason for Closure: Reason for disclosure attached.

3. CONTACT PERSON FOR PURPOSES OF THE SCHOOL CLOSURE PROCESS

Name: Robert M. Hendrickson Title: VP of Compliance and Regulatory Affairs

Mailing Address: 3828 W. Caldwell Avenue

City: Visalia State: CA Zip: 93277

Phone Number: 480-212-1614 Email Address: Robert.Hendrickson@embered.com

4. STUDENT INFORMATION

a) How many students will be enrolled on the school's closure date? 0

b) For all students enrolled at any time during the 120 days prior to the school's closure, please provide: (1) student identification number; (2) first and last names; (3) email address; (4) mailing address; (5) address at time of enrollment; (6) home address; (7) telephone number; (8) date enrollment agreement signed; (9) name of the educational program as specified on the student's enrollment agreement; (10) enrolled program cost; (11) third-party payer identifying information; (12) total institutional charges charged; (13) total institutional charges paid; (14) whether or not the student is entitled to a refund, per section 94927; and (15) graduation date for students who completed their program(s) prior to closure.

▣ Student list is attached. ☐ Student list is not attached.

c) Provide a description of the institution's plan to notify students on the list provided above of the information outlined in 5 CCR 76240(c). If the institution has enrolled students who will not complete their program as a result of the closure, student notifications must additionally include the information outlined in 5 CCR 76240(d). *Once notifications to students have been made, copies must be provided to the Bureau within five calendar days of being sent to students. A closure plan will not be considered complete until they are received.*

▣ Notification plan is attached. ☐ Notification plan is not attached.

5. TEACH-OUTS AND TRANSFERS

a) Does this institution have students unable to complete their educational program due to the closure of this location?

☐ Yes. Complete the rest of Section 5. ▣ No. Skip ahead to Section 6.

b) Is there a plan for a teach-out, including any written agreements with other institutions?

☐ Yes (copy of the plan is attached) ☐ No

c) Does the institution have plans for student transfers, including any written agreements with other institutions for accepting transfers?

☐ Yes (copy of the plan is attached) ☐ No

d) For students who do not wish to participate in a teach-out or transfer, or if no teach-out or transfer is planned, have arrangements been made for refunds within 45 calendar days from the date of closure?

☐ Yes (copy of the plan is attached) ☐ No

e) Institutions participating in Title IV federal student financial aid programs only: For students who do not wish to participate in a teach-out or transfer, or if no teach-out or transfer is planned, and the institution is a participant in federal student financial aid programs, have arrangements been made for making refunds and returning of these funds?

☐ Yes (copy of the plan is attached) ☐ No ☐ Not applicable

6. CUSTODIAN OF RECORDS FOR PURPOSES OF RECORD MAINTENANCE, PROVISION, AND INSPECTION

Institutions are required to retain student transcripts permanently in the State of California (Education Code Section 94900) and other pertinent student records for five (5) years (5 CCR 71930), and to make those records available to students and any entity authorized by law to inspect and copy records.

Custodian of Records Information (point of contact for records requests):

Name: Cheyenne Reyes

Physical Address: 3828 W. Caldwell Avenue

City: Visalia State: CA Zip: 93277

Phone Number: 559-799-9646 Email Address: Cheyenne.Reyes@sjvc.edu

7. SIGNATURE

I attest that the information submitted in association with this form is accurate and complete. I understand that my institution will not have complied with closure requirements until all required information (including notices provided to students) has been received by the Bureau. I understand that failure to submit information and documentation required under California laws and regulations may subject the institution to citation or other discipline.

Print Name: Mike Perry

Signature: Michael D Perry (06/03/2026 16:43:01 PDT) Date: 6-3-2026

Role:

▣ Owner (25%+ of the institution) ▣ Chief Executive Officer ☐ Chief Academic Officer

☐ Chief Operating Officer ☐ Institution Director ☐ Compliance Officer

CA BPPE Closure Form: SJVC Rancho Cordova

Final Audit Report 2026-06-03

Created:	2026-06-03 (Pacific Daylight Time)
By:	Ilene Ramirez (ilene.ramirez@embered.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAX0bLsr_zoPcRtMvHM4qNTYr4wLR0sgGx

"CA BPPE Closure Form: SJVC Rancho Cordova" History

Web Form created by Ilene Ramirez (ilene.ramirez@embered.com)
2026-06-03 - 4:29:32 PM PDT

Ilene Ramirez (ilene.ramirez@embered.com) set a password to protect the signed document.
2026-06-03 - 4:29:32 PM PDT

Web Form filled in by Michael D Perry (ceo@embered.com)
2026-06-03 - 4:43:01 PM PDT- IP address: 166.205.132.26

Email verification link emailed to Michael D Perry (ceo@embered.com)
2026-06-03 - 4:43:04 PM PDT

Email viewed by Michael D Perry (ceo@embered.com)
2026-06-03 - 4:43:16 PM PDT- IP address: 104.47.58.126

E-signature verified by Michael D Perry (ceo@embered.com)
2026-06-03 - 4:43:16 PM PDT- IP address: 104.47.58.126

Agreement completed.
2026-06-03 - 4:43:16 PM PDT

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