



Bureau for Private Postsecondary Education  
P.O. Box 980818  
West Sacramento, CA 95798-0818

<b>OFFICE USE ONLY</b>
Date Stamp _____
Application # _____
Application fee _____ Date _____
School Code _____
Revenue Code <b>1257005Y / 12570061</b>

**Application for Authorization for Institution to Begin Participation in Student Financial Aid Programs (Title IV of the Higher Education Act of 1965)**  
*(California Education Code (CEC) § 94894, 94896; Title 5, California Code of Regulations (CCR) § 71652)*

- Approved Institution \$500.00 non-refundable fee**  
 **Institution Approved By Means of Accreditation \$250.00 non-refundable fee**

**1. INSTITUTION**

Name of Institution:	School Code	
_____		
Address: _____		
City	State	Zip
_____	_____	_____
Phone Number:	Fax Number:	
_____	_____	
Website Address: _____		

**2. INSTITUTION'S CONTACT PERSON (for this application)**

Name	Email Address	
_____	_____	
Address _____		
City	State	Zip
_____	_____	_____
Telephone Number	Fax Number	
_____	_____	

**3. DATE**

What is the proposed effective date of participation in Student Financial Aid Programs under Title IV of the Higher Education Act?  
\_\_\_\_\_

**4. FINANCIAL AID POLICIES, PRACTICES, AND DISCLOSURES**

Please attach the statement of the institution's financial aid policies, practices, and disclosures required by section 94909(a)(10), as well as copies of the institution's catalog and enrollment agreements containing the disclosures required by 5 CCR section 71810 and CEC section 94911.

Document is attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

---

**If this institution is approved by means of accreditation skip to #7.**  
**Attach a certified copy of the current verification of accreditation granted by the accrediting agency.**

**5. ORGANIZATION AND MANAGEMENT**

Will the institution's participation in Student Financial Aid Programs under Title IV of the Higher Education Act cause any changes to the institution's organization and management including changes to the job duties and responsibilities of each administrative and faculty position, and/or the addition of a financial aid officer position?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a document stating the planned changes.

---

**6. EDUCATIONAL PROGRAM**

Will the institution's participation in Student Financial Aid Programs under Title IV of the Higher Education Act cause any changes in the institution's educational programs including any of the changes required to be reported under CEC sections 94894(a), 94894(g), 94894(i), or 94894(k)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a document stating the planned changes.

---

**7. DECLARATION UNDER PENALTY OF PERJURY**

**This application shall be signed by the following:**

- Each owner of the institution, or
  - If the institution is incorporated, by the chief executive officer of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
  - By each member of the governing body of a nonprofit corporation.
- 

**I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owning \_\_\_\_\_ % of Ownership      Chief Executive Officer \_\_\_\_\_      Member, Board of Directors \_\_\_\_\_

General Partner \_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owning \_\_\_\_\_% of Ownership      Chief Executive Officer \_\_\_\_\_      Member, Board of Directors \_\_\_\_\_

General Partner \_\_\_\_\_

---

**I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Owning \_\_\_\_\_% of Ownership      Chief Executive Officer \_\_\_\_\_      Member, Board of Directors \_\_\_\_\_

General Partner \_\_\_\_\_

---

Attach Additional Sheet(s) if Necessary

### **NOTICE ON COLLECTION OF PERSONAL INFORMATION**

The information requested on this application is mandatory pursuant to CEC sections 94894, 94896 and Title 5 CCR section 71652. Failure to provide all of the information requested will result in the application being ineligible for processing, or subject to denial (Title 5 CCR section 71655). The information provided will be used to determine qualification of the applicant for authorization to make a substantive change to its approval to operate by the Bureau for Private Postsecondary Education (Bureau). The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information maintained by the Bureau unless the records are exempted from disclosure by law as specified in Civil Code section 1798.40. For questions about this notice or access to your records, you may contact the Bureau for Private Postsecondary Education, P.O. Box 980818, West Sacramento, CA 95798-0818, by phone at (916) 574-8900, or by email at [bppe@dca.ca.gov](mailto:bppe@dca.ca.gov).