



**NOTICE TO COMPLY** – CU-87411331-0719 (Ed. Code §94935 & 5, CCR §75010)

Institution Name:	App Academy	Institution Telephone:	(415) 767-1704
Institution Code:	87411331	Administrator Name:	Vanessa Monarrez
Street Address:	825 Battery Street, 3rd Floor San Francisco, CA 94111	Date of Inspection:	7/16/2019

Nature and Facts of the Violation(s), Including a Reference to the Statute or Regulation Violated, and Manner in Which the Institution Must Correct the Violation to Achieve Compliance:

**STRF Record-Keeping Requirements**


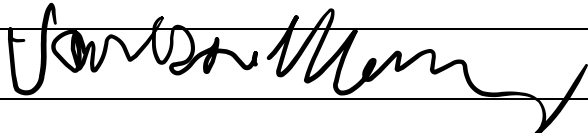
Item No.	Education Code (CEC) or Regulation (5, CCR)	Deficiency - Requested Submission
1	5, CCR §76140	<p>(a) A qualifying institution shall collect and maintain records of student information to substantiate the data reported on the STRF Assessment Reporting Form and records of the students' eligibility under the Fund. Such records shall include the following for each student:</p> <ol style="list-style-type: none"> <li>(1) Student identification number,</li> <li>(2) First and last names,</li> <li>(3) Email address,</li> <li>(4) Local or mailing address,</li> <li>(5) Address at the time of enrollment,</li> <li>(6) Home address,</li> <li>(7) Date enrollment agreement signed,</li> <li>(8) Courses and course costs,</li> <li>(9) Amount of STRF assessment collected,</li> <li>(10) Quarter in which the STRF assessment was remitted to the Bureau,</li> <li>(11) Third-party payer identifying information,</li> <li>(12) Total institutional charges charged, and</li> <li>(13) Total institutional charges paid.</li> </ol> <p><b>The school's STRF backup documentation failed to contain record of Third-party payer identifying information.</b></p> <p><b>To remedy this violation, the school shall provide updated STRF backup documentation containing the Third-party payer identifying information. The updated STRF backup documentation shall be submitted with the institution's response to the NTC and the last page of this document by August 15, 2019.</b></p>

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Inspector's Initial: *[Signature]*

Administrator's Initial: *[Signature]*

**Only minor violations are listed on a Notice to Comply.**

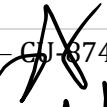
Inspector's Name	Genia Eder
Inspector's Signature	
Institution Administrator Name/Title:	Vanessa Monarrez
Institution Administrator's Signature:	

Education Code can be located at: [http://www.bppe.ca.gov/lawsregs/ppe\\_act.shtml](http://www.bppe.ca.gov/lawsregs/ppe_act.shtml)

Code of Regulations can be located at: <http://www.bppe.ca.gov/lawsregs/regs.shtml>

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Notice to Comply – CJI-87411331-0719

Inspector's Initial: 

Administrator's Initial: 

RETURN THIS FORM WITHIN THE SPECIFIED TIME FRAME WITH EITHER: 1) VERIFICATION OF COMPLIANCE OR 2) A NOTICE OF DISAGREEMENT

### IMPORTANT COMPLIANCE NOTICE

California Education Code §94935 and California Code of Regulations §75010 provide that the Bureau for Private Postsecondary Education (Bureau) shall issue a Notice to Comply for minor violations detected during a compliance inspection by the Bureau.

By no later than 30 days from the date of the inspection, you must either: 1) Remedy the noncompliance item(s), sign the below declaration and submit this form to the Bureau, along with documentation describing how compliance was achieved; or 2) File with the Bureau a written notice of disagreement, specifying the minor violation(s) described in the Notice to Comply with which you disagree, and appealing it by requesting an informal office conference. If a written notice of disagreement is not timely filed with the Bureau, the right to appeal is deemed to have been waived.

**Failure to timely remedy the noncompliance item(s) or file a written request for an informal office conference may result in the Bureau taking administrative enforcement action.**

### DECLARATION

Attached to this document is a list describing how compliance was achieved for each violation and supporting documentation. I declare under penalty of perjury that all violations identified in this Notice to Comply are corrected as described in the attachment.

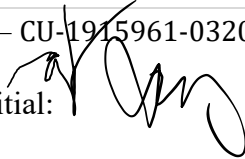
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

THIS DECLARATION OR A NOTICE OF DISAGREEMENT MUST BE SUBMITTED TO THE BUREAU BY **August 15, 2019**

Notice to Comply – CU 87411331-0719

Inspector's Initial: 

Administrator's Initial: 