

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

OFFICE USE ONLY Date Stamp	
Application #	
Application feeDate	_
School Code	_
Revenue Code 1257005Y / 12570061	

## 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:		1	
City	State	Zip	
Phone Number:	Fax Number:		
Website Address:			
2. INSTITUTION'S CONTACT PERSON (for thi	s 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 CEC 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	Y	
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 E	xecutive 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 Ex	xecutive 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.