

TEXAS VETERANS COMMISSION

NONACCREDITED INSTITUTIONS

GUIDE FOR SCHOOLS IN PREPARING AN APPLICATION FOR APPROVAL TO TRAIN VETERANS AND OTHER ELIGIBLE PERSONS UNDER SECTION 3676, TITLE 38, UNITED STATES CODE

PLEASE NOTE: All information (including financial statements) submitted with catalog and application are subject to the Open Records Act.

Return to:

**Texas Veterans Commission
Veterans Education
P.O. Box 12277
Austin, Texas 78711-2277
(512) 463-3168 or (877) 898-3833 Toll-Free**

SAA-NON 10/01/11

DIRECTIONS FOR NONACCREDITED INSTITUTIONS IN PREPARING APPLICATION FOR APPROVAL OF CERTIFICATE PROGRAMS FOR VETERANS TRAINING UNDER SECTION 3676, TITLE 38, UNITED STATES CODE

A nonaccredited school desiring approval of a program(s) must prepare and submit the following information. Submit three (3) copies of each item.

- ☐ The Application for Approval (pages 1 through 3).
- ☐ The school catalog in three-ring loose-leaf binders which will be comprised of the application and exhibits in TYPED form. Carbon copies are not acceptable. In compiling the catalog, place the completed application (pages 1 through 3) in the binder first and follow the exhibit outline in the application. Do not place more than one exhibit on a page. Signatures must be affixed where required as indicated on the respective forms.

NOTE: If your school has a published/printed catalog, you may provide three copies and reference the catalog page number on the corresponding exhibit. For example, if your school calendar is in the printed catalog, indicate on Exhibit A "See catalog, page X" and sign the true and correct statement at the bottom of the page. OR, you may attach the applicable catalog page to the corresponding exhibit.

- ☐ Form 005 Receipt of Enrollment Policies (keep as part of catalog, complete for each student enrollment)
- ☐ Form 010 Record of Previous Education and Training (keep as part of catalog, complete for each student enrollment)
- ☐ VA Form 22-8794, Designation of Certifying Official(s).
- ☐ VA Form 27-8206, Statement of Assurance of Compliance with Equal Opportunity Laws. (For Non-Public Schools Only)
- ☐ VA Form 22-1919, Conflicting Interests Certification for Proprietary Schools Only (For Non-Public Schools Only)
- ☐ Request for Waiver – 85/15 Percent
- ☐ Power of Attorney Certification
- ☐ Advance Payment Certification

IMPORTANT INFORMATION

NON-PUBLIC (PRIVATE, PROFIT OR NON-PROFIT) SCHOOLS MUST HAVE OPERATED AS AN EDUCATIONAL INSTITUTION FOR THE LAST TWO (2) YEARS TO BE CONSIDERED FOR APPROVAL TO TRAIN VETERANS. VERIFICATION OF STUDENT ENROLLMENT (CONTINUOUS) RECORDS FOR THE TWO YEAR PERIOD IS REQUIRED FOR APPROVAL CONSIDERATION. [Reference 38 CFR 21.4251]

1. The school will make available the records and necessary data required for approval under Section 3676, Title 38, U. S. Code, for inspection by authorized representatives of the State Approving Agency for Veterans Education and Department of Veterans Affairs. [Code of Federal Regulations CFR 21.4209(a)(1)]
2. The school will retain records for at least three (3) years for all students who graduated, dropped out, or transferred. [CFR 21.4209(f)]
3. It is understood and agreed that charges for services and articles, if applicable, for veterans and other eligible persons are not in excess of charges made for other regular students pursuing the same or similar program. [CFR 21.4202(a)]
4. The school will not accept the enrollment or reenrollment of a student under Chapters 30 or 32, Title 38 U.S.C. and Chapter 1606, Title 10 U.S.C. when more than eighty-five (85%) percent of the students enrolled in the program(s) are having all or any part of their tuition, fees, or other charges paid to or for them by the school or the Department of Veterans Affairs. The 85/15 ratio applies to each program individually. [CFR 21.4201(a)]
5. The school will maintain a Receipt of Enrollment Policies (Form 005) and Record of Previous Education and Training (Form 010) for each VA student.



"Helping Veterans Starts Here"

TEXAS VETERANS COMMISSION
Veterans Education
P.O. Box 12277
Austin, TX 78711-2277
(512) 463-3168 or (877) 898-3833 Toll Free

**APPLICATION FOR APPROVAL UNDER SECTION 3676, TITLE 38, U.S. CODE,
NONACCREDITED INSTITUTIONS**

- ☐ I certify that the school below *HAS* operated as an educational institution for the last two years.
(Continue with the application process)
- ☐ I certify that the school *HAS NOT* operated as an educational institution for the last two years.
(STOP. Your request for approval cannot be processed.)

I. INFORMATION(PUBLIC INSTITUTIONS SHOULD COMPLETE ONLY ITEMS 1 THROUGH 6)

1. Name of School _____
- Name of Contact _____ Phone No. () _____
- Email Address _____ Fax No. () _____
2. Address of School _____
- Mailing Address _____
3. Name of Owner _____
4. Address of Owner _____
5. Type of School _____
6. Type of Ownership Individual _____ Partnership _____
 Corporation _____ Other _____

List all partners or, if a corporation, all officers, directors, and/or trustees as well as each shareholder owning stock aggregating at least ten percent (10%) of the total issued and outstanding shares. (Use additional sheet if necessary.)

Name	Title	Address	Zip Code	% Owned

8. Change of Ownership or Change of Address

See attached page

9. Is a license or approval from any other federal, state or municipal agency required for the operation of your school? YES ☐ NO ☐ (Provide as Exhibit M, Non-Public Schools only)

If YES, please list:

II. EXHIBITS Submit the exhibits as labeled (and subsequent revisions) as follows:
(Public educational institutions should submit only Exhibits A - J.)

- A. school calendar
- B. school's method of recording attendance and attendance policies
- C. progress policy
- D. student conduct policy
- E. refund policy
- F. description of the school facilities
- G. inventory of furniture and equipment
- H. summary of course information for each certificate program offered, including a synopsis of each topic or subject listed
- I. class schedules
- J. roster of administrative and instructional staff
- K. Personal Data Form for Instructors (*Not required if Instructors are licensed by a State or Federal Agency*)
- L. a statement of financial position (balance sheet) and a statement of results of operation (statement of income and retained earnings) for the most recent fiscal year. These statements must be in a form consistent with generally accepted accounting principles and be accompanied by the owner's and/or authorized school official's notarized affidavit that the statements are true and correct. (**NON-PUBLIC ONLY**)
- M. a copy of the license(s) or approval(s) issued by another federal, state or municipal agency required for the operation of your school (**NON-PUBLIC ONLY**)

III. STATEMENTS OF ASSURANCE

- A. The courses, curriculum, and instruction are consistent in quality, content, and length with similar recognized accepted standards.
- B. There is in the school adequate space, equipment, instructional material, and instructor personnel to provide training of good quality.
- C. Education and experience qualifications of directors, administrators, and instructors are adequate.
- D. The school will maintain a written record of previous education and training of the veteran or eligible person and clearly indicate that appropriate credit has been given for previous education and training, with the training period shortened proportionately, and the veteran or eligible person and the Department of Veterans Affairs so notified. Form 010 Record of Previous Education and Training (attached) will be maintained in each student's file.
- E. A copy of the course outline, schedule of tuition, fees, and other charges, regulations pertaining to absences, grading policy, and rules of operation and conduct will be furnished the veteran or eligible person upon enrollment. Form 005 Receipt of Enrollment Policies (attached) will be maintained in each student's file.
- F. Upon completion of training, the veteran or eligible person is given a certificate by the school indicating the approved program and indicating that training was satisfactorily completed.
- G. Adequate records as prescribed by the State Approving Agency (SAA) are kept to show attendance and progress or grades, and satisfactory standards relating to attendance, progress, and conduct are enforced.

- H. The school complies with all local, city, county, municipal, State, and Federal regulations, such as fire codes, building, and sanitation codes.
- I. The school is financially sound and capable of fulfilling its commitments for training.
- J. The school will not utilize advertising of any type which is erroneous or misleading, either by actual statement, omission, or intimation.
- K. The school will not exceed its enrollment limitations as established by the State approving agency.
- L. The school administrators, directors, owners, and instructors are of good reputation and character.
- M. The school has and maintains a policy for the pro rata refund of the unused portion of tuition, fees and charges if the veteran or eligible person fails to enter the course or withdraws or is discontinued from it before completion.
- N. The school will meet additional reasonable criteria as may be deemed necessary by the State approving agency.

IV. IMPORTANT INFORMATION

- A. The school will make available the records and necessary data required for approval under Section 3676, Title 38, U. S. Code, for inspection by authorized representatives of the State Approving (SAA) Agency and Department of Veterans Affairs. [Code of Federal Regulations CFR 21.4209(a)(1)]
- B. The school will retain records for at least three (3) years for all students who graduated, dropped out, or transferred. [CFR 21.4209(f)]
- C. It is understood and agreed that charges for services and articles, if applicable, for veterans and other eligible persons are not in excess of charges made for other regular students pursuing the same or similar programs. [CFR 21.4202(a)]
- D. The school will not accept the enrollment or reenrollment of a student under Chapters 30 or 32, Title 38 U.S.C. and Chapter 1606, Title 10 U.S.C. when more than eighty-five (85%) percent of the students enrolled in the course(s) are having all or any part of their tuition, fees, or other charges paid to or for them by the school or the Department of Veterans Affairs. The 85/15 ratio applies to each course individually. [CFR 21.4201(a)]
- E. The school will maintain a Receipt of Enrollment Policies (Form 005) and Record of Previous Education and Training (Form 010) for each VA student.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO CERTIFY THAT THE SCHOOL WILL ADHERE TO THE STATEMENTS OF ASSURANCE IDENTIFIED IN THIS APPLICATION FOR APPROVAL AS A CONDITION OF CONTINUED APPROVAL

Signature of Authorized School Official

Date

SCHOOL NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

CATALOG

VOLUME
NUMBER _____
YEAR _____

☐ Check if Printed Catalog Attached

*Please make references to corresponding catalog
pages when filling out application packet.*

Beginning Date(s) of Classes

Ending Date(s) of Classes

Scheduled Vacation Periods

Overall **Hours** and **Days** of Operation:

School

Office

Dates

From _____ To _____

Signature of Authorized School Official

Date _____

School Name and Address

ATTENDANCE POLICY

For VA students, the attendance policy (20% of the total program and/or being absent five (5) consecutive days) will apply throughout the student's stay in school. All violations of the attendance policy will be reported to DVA on VA Form 22-1999b within 30 days at such time the student exceeds the allowed number of absences.

Describe the school's attendance policy in detail.

Identify what constitutes violation of the attendance policy.

Identify the point at which a VA student will be reported to the Department of Veterans Affairs for unsatisfactory attendance.

Describe the type of attendance records that are kept.

Identify the type of symbols used to record attendance

Identify the school's leave of absence policy.

Signature of Authorized School Official

Date

School Name and Address

PROGRESS POLICY

1. Explain the **grading system** used by the school, whether it be letter, numerical, satisfactory/unsatisfactory and provide a brief description.

2. What minimum grades must be maintained by a student to make **satisfactory progress**?

3. Describe the probationary period used by the school, if any, and the conditions for **interruption** for students making **unsatisfactory progress**.

4. What are the conditions for **reentry**, if any, for those students interrupted for unsatisfactory progress?

5. What **progress records** are used and maintained by the school to evaluate student progress?

6. State the frequency that progress **records** are **furnished** to the student and/or sponsor(s).

I certify that the information on this form (and/or attachment) is true and correct to the best of my knowledge and beliefs.

Signature of Authorized School Official

Date

School Name and Address

STUDENT CONDUCT POLICY

1. State the rules and regulations governing student conduct.

2. What are the conditions for dismissal of students for unsatisfactory conduct?

I certify that the information on this form (and/or attachment) is true and correct to the best of my knowledge and belief.

Signature of Authorized School Official

Date

School Name and Address

REFUND POLICY

It is understood and agreed that the following refund policy will be applied to veterans and other eligible persons:

In the event the veteran or other eligible person fails to enter the course, or withdraws, or is discontinued therefrom at any time prior to completion of the approved program length for VA students, the amount charged to the student for tuition, fees, and other charges for the completed portion of the course shall not exceed \$10.00 (only if a registration fee is charged) plus the approximate pro rata portion of the total charges for tuition, fees, and other charges that the length of the completed portion of the course bears to its total length. The completed portion is the total number of days the student was scheduled to attend (from first to last date of attendance) multiplied by the scheduled hours of attendance per day.

Refunds will be totally consummated within the forty (40) days after termination.

(See attached VA Refund Worksheet)

I certify that the information on this form (and/or attachment) is true and correct to the best of my knowledge and belief.
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Signature of Authorized School Official

Date

**TEXAS VETERANS COMMISSION - VETERANS EDUCATION
VA REFUND WORKSHEET (Ref. 38 CFR 21.4254, 21.4255)**

(Read instructions on back before completing)

SCHOOL _____ PROGRAM _____
STUDENT _____ SSN _____ PHONE # _____
ADDRESS _____ CITY _____ STATE/ZIP _____

Tuition _____ + Registration/Application Fee (*) _____ = TOTAL _____

**(if less than \$10.00, do not include in Total Program Cost)*

**(if more than \$10.00, do include in Total and subtract \$10.00 not subject to proration for Total Program Cost)*

TOTAL PROGRAM COST _____ ÷ TOTAL PROGRAM CLOCK HOURS _____ COST PER CLOCK HOUR _____

The following should be taken from the official school attendance record:

ENROLLMENT DATE _____	DAYS PER WEEK SCHEDULED _____
FIRST DATE OF ATTENDANCE _____	HOURS PER DAY SCHEDULED (A) _____
LAST DATE OF ATTENDANCE _____	TOTAL HOURS PER WEEK SCHEDULED _____
TOTAL DAYS SCHEDULED (B) _____	<i>(must be from the approved catalog)</i>

TOTAL HOURS OF SCHEDULED ATTENDANCE **(A) X (B)** (through last day of attendance) _____

- | | |
|--|-------------|
| 1. Total tuition earned by the school
Total hours of attendance scheduled _____ X Cost per Clock Hour \$ _____ | 1. \$ _____ |
| 2. If registration/application fee is <i>less than \$10.00</i> , enter actual amount
If registration/application fee is <i>more than \$10.00</i> , enter \$10.00 (portion not pro-rated) | 2. \$ _____ |
| 3. Total of other charges separate from Total Program Cost
<i>(Must be identified in the approved catalog and documented on the ledger)</i>
Books _____ <i>(student must acknowledge receipt)</i>
Lab Fees _____
Supplies _____ <i>(student must acknowledge receipt)</i>
Miscellaneous _____ | 3. \$ _____ |
| 4. TOTAL EARNED BY THE SCHOOL (Add 1, 2, 3) | 4. \$ _____ |
| 5. TOTAL PAID BY THE STUDENT (Reg/Appl Fee, Tuition, Fees, etc.) | 5. \$ _____ |
| 6. REFUND DUE TO STUDENT/FUNDING SOURCE (If 5 is greater than 4) | 6. \$ _____ |
| 7. BALANCE DUE THE SCHOOL (If 4 is greater than 5) | 7. \$ _____ |
| 8. REFUND PAID WITHIN 40 DAYS AFTER LAST DATE OF ATTENDANCE ____ YES ____ NO
CHECK NO. or EFT NOTATION _____ CHECK AMOUNT(S) _____
CHECK NO. or EFT NOTATION _____ CHECK AMOUNT(S) _____
CHECK NO. or EFT NOTATION _____ CHECK AMOUNT(S) _____ | |

COMPUTED BY _____ DATE _____

INSTRUCTIONS

- Reminders**
- . The program certified should be identified on the school's approval notice.
 - . The first date of attendance should have been correctly certified on VAF 22-1999.
 - . The last date of attendance should have been correctly reported on VAF 22-1999b.
 - . Scheduled hours of attendance must be taken from the period attended and not the entire period certified.
 - . A refund should not be processed for a student on an approved leave of absence.
 - . Prior credit awarded/cost should be entered on the financial ledger

Definition of Terms

Total Program Cost - may include more than one type of cost if listed this way in the approved catalog. If Total Program Cost is not inclusive, see Line 3 for specific charges.

Total Program Clock Hours - amount should reflect only the hours listed in the approved catalog

Cost Per Clock Hour - Total Program Cost divided by Total Clock Hours

Total Hours of Scheduled Attendance - for the purpose of VA refund calculations, this is the total number of days that the student was scheduled to attend (from the first to the last date of attendance) **multiplied** by the hours of attendance per day scheduled. This figure will yield the total clock hours scheduled listed in Line 1. DO NOT USE TOTAL HOURS SCHEDULED FOR THE ENTIRE PROGRAM IN THIS CALCULATION.

- Line 1: Total Tuition Earned by the School - the total clock hours *scheduled* should be taken directly from the school's official attendance record and the approved catalog schedule.
- Line 2: 38 CFR 21.4255(a)(1) allows for proration of registration fee amounts that exceed \$10.00
- Line 3: If these items/amounts are included in the Tuition, do not list. Otherwise, list only those items actually charged to the student and documented on the ledger. All charges must be identified in the approved catalog.
- Line 4: School is not entitled to charges beyond this amount.
- Line 5: This total should include ALL payments from the student or funding source and should agree with the financial ledger.
- Line 6: If the student/funding source has paid more than the school has earned, a refund is due.
- Line 7: If the student/funding source has paid less than the school has earned, a balance is due the school.
- Line 8: Refund must be paid within the specified amount of time or it is considered late.

School Name and Address

BUILDING DESCRIPTION

1.

Location:
2.

Type of Construction:
3.

Student Capacity:
4.

Approximate Number of Square Feet:
5.

State of Repair:
6.

Submit Drawing of **Floor Plan** to include room dimensions, student capacities for each class room, room uses, and restroom facilities.

I certify that the information on this form (and/or attachment) is true and correct to the best of my knowledge and belief.
--

Signature of Authorized School Official

Date

School Name and Address

INVENTORY OF FURNITURE AND EQUIPMENT
"USE ADDITIONAL PAGES IF NEEDED"

NOTE: Computer Print-outs of Inventory will be acceptable with a True and Correct Statement.

[illegible]

I certify that the information on this form (and/or attachment) is true and correct to the best of my knowledge and belief.

Signature of Authorized School Official

Date

School Name and Address

SUMMARY OF CERTIFICATE PROGRAM INFORMATION

Authority for Data Collection: Sections 3676, Chapter 36, Title 38, United States Code

Planned Use of the Data: To provide the information necessary to determine if the program is of such quality, content, and length to achieve the stated objective for which the certificate program is offered, and to provide the current charges.

Instructions: Complete for each certificate program. If additional clarification is required, contact Veterans Education at Texas Veterans Commission, P.O. Box 12277, Austin, Texas 78711-2277 (Please TYPE.)

1. Certificate Program Title
2. For what specific occupation does this program prepare a student?
3. Prerequisites for Admission:
4. Describe what is issued to the student upon completion of the program:

DETAIL OF CHARGES		COST
<u>Registration</u>		\$
<u>Tuition</u>		\$
<u>Books, etc.</u>		\$
		\$
		\$
		\$
		\$
<u>Supplies</u>		\$
		\$
<u>Tools</u>		\$
<u>Lab Fees</u>		\$
<u>Rentals</u>		\$
		\$
<u>Deposits</u>		\$
<u>Student Act Fee</u>		\$
<u>Other</u>		\$
TOTAL		\$

PROGRAM OUTLINE

Title _____

Main Phases, Units, Topics, Subjects, or Courses Accompanying Synopsis or Description	CLOCK HOURS
<i>Example:</i> <i>SHAMPOO</i> <i>This phase of the program covers shampooing techniques, type of</i> <i>shampoos, and the chemistry of shampoo.</i>	150
START PROGRAM DESCRIPTIONS	

Note: This page should show only the main phases, units, topics, subjects, or courses of the program along with an accompanying synopsis or description and the clock hours devoted to each. (Use additional pages if necessary)

I certify that the information on this form (and/or attachment) is true and correct to the best of my knowledge and belief.

Signature of Authorized School Official

Date

School Name and Address

CLASS SCHEDULE

DAY SCHEDULE

(Monday thru Friday)	7:30 am	-	9:00 am	Theory/Lab	SAMPLE
	9:00 am	-	9:10 am	Break	
	9:10 am	-	1230pm	Theory/Lab	
	12:30 pm	-	1:00 pm	LUNCH	
	1:00 pm	-	2:50 pm	Practical	
	2:50 pm	-	3:00 pm	Break	
	3:00 pm	-	4:00 pm	Practical	

EVENING SCHEDULE

(Monday, Wednesday and Thursday)	5:50 pm	-	7:10 pm	Theory/Lab	SAMPLE
	7:10 pm	-	7:20 pm	Break	
	7:20 pm	-	9:10 pm	Theory/Practical	
	9:10 pm	-	9:20 pm	Break	
	9:20 pm	-	10:50 pm	Theory/Practical	

LIST YOUR SCHOOL'S ACTUAL CLASS SCHEDULE(S) BELOW

What type of training is predominant (more than 50%)?

☐ Theory (Lecture)
☐ Lab
☐ Shop

I certify that the information on this form (and/or attachment) is true and correct to the best of my knowledge and belief.

Signature of Authorized School Official

Date

NOTE: A SCHEDULE MUST BE PROVIDED FOR EACH PROGRAM TO BE APPROVED AND MUST AGREE WITH EXHIBIT A.

School Name and Address

ROSTER OF ADMINISTRATIVE AND INSTRUCTIONAL STAFF
(USE ADDITIONAL PAGES IF NEEDED)

Name	Duties	License Number (If Applicable)	Course/Subject Taught

I certify that the information on this form (and/or attachment) is true and correct to the best of my knowledge and belief.

Signature of Authorized School Official

Date

School Name and Address

PERSONAL DATA FORM FOR INSTRUCTORS

(NOT REQUIRED IF INSTRUCTORS ARE LICENSED BY A STATE OR FEDERAL AGENCY)

Authority for Data Collection: Sections 3676, Chapter 36, Title 38, United States Code

Planned Use of the Data: Verification of Instructor Qualifications

Instructions: The completed form should be accompanied by certificates of completion and/or transcripts from any courses or schools which are used to establish qualifications. If additional clarification is required, contact Veterans Education at Texas Veterans Commission, P.O. Box 12277, Austin, Texas 78711-2277. (Please **TYPE**.)

PART I: (To be completed by instructor):

1. Name: _____
2. Maiden Name (if applicable): _____ Date of Birth _____
3. Home Address _____ Phone Number _____
4. Teaching Credential: Type: _____ State: _____ No. _____
5. Current license or certificate other than public school credentials to teach the program courses/subjects:
☐ Yes ☐ No Issued by: _____ Number: _____
6. ACADEMIC TRAINING: (Use additional sheet if necessary)

TYPE	INSTITUTION	ADDRESS	FROM/TO	DEGREE/DIPLOMA
High School				
College				
Graduate School				
Other				

7. Practical experience in the proposed field of teaching. This does not refer to teaching experience shown under Item 8. List last three employers beginning with most recent experience. Give accurate addresses and dates.

NAME OF INSTITUTION	ADDRESS, CITY	DUTIES	FROM/TO	NO. OF MONTHS

8. If you have taught at another school, list the schools and duties.

NAME OF INSTITUTION	ADDRESS, CITY	DUTIES	FROM/TO	NO. OF MONTHS

9. Professional Conduct: (It is important that all these questions be answered. If explanations are necessary, use an additional page.)

A. Have you ever had a diploma, credential, license, or certificate denied, revoked or suspended?

☐ Yes ☐ No

If yes, explain fully

B. Have you ever been found guilty of, pleaded guilty to, or entered a plea of "nolo contendere" to a charge of immoral conduct"?

☐ Yes ☐ No

If yes, explain fully

C. Have you ever been dismissed or asked to resign from any position for immoral or unprofessional conduct?

☐ Yes ☐ No

If yes, explain fully

D. Have you ever been convicted of a felony or of a misdemeanor other than minor traffic offenses?

☐ Yes ☐ No

If yes, explain fully

10. Certification:

I certify that all of the foregoing statements are true and correct to the best of my knowledge and belief.

Signature

Date

PART II: (To be completed by authorized school official):

1. The instructor is teaching the following subject(s):

2. Daily teaching hours:

3. Number of college semester hours in subject(s) to be taught:

4. Certification: I certify that I have reviewed and verified the qualifications of this instructor and his/her statements contained on this personal data form. To the best of my knowledge and belief, he/she is qualified for the position indicated.

Signature of Authorized School Official

Date

STATEMENT OF FINANCIAL POSITION

I CERTIFY THAT THE ATTACHED FINANCIAL STATEMENT(S) AS OF _____
(FOR THE PERIOD ENDED) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SCHOOL NAME _____

SCHOOL ADDRESS _____

NAME OF OWNER _____

SIGNATURE/TITLE
OF AUTHORIZED
SCHOOL OFFICIAL _____

STATE _____

CITY _____

COUNTY _____

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE _____ DAY OF _____, _____

NOTARY PUBLIC

SEAL

DATE COMMISSION EXPIRES

THIS CERTIFICATION MUST ACCOMPANY ALL COMPILED FINANCIAL STATEMENTS

**ATTACH A COPY OF THE LICENSE
ISSUED BY A FEDERAL, STATE, OR MUNICIPAL AGENCY
REQUIRED FOR THE OPERATION OF YOUR SCHOOL**

RECEIPT OF ENROLLMENT POLICIES

PUBLIC AND NON-PUBLIC EDUCATIONAL INSTITUTIONS APPROVED UNDER THE PROVISIONS OF TITLE 38, UNITED STATES CODE

(school name)

Authority for Data Collection: Title 38, United States Code, Chapter 36, Section 3676(c)(5) and (14)

Planned Use of the Data: To provide evidence of receipt of that information which is required by rule and law to be provided the student prior to enrollment.

Instructions: This form is to be completed by the student prior to enrollment and the completed form maintained by the school in each student's file. A copy of the completed form will be given to the student. If additional clarification is needed, contact Veterans Education at the Texas Veterans Commission, P.O. Box 12277, Austin, Texas 78711-2277.

The following items and information must be furnished to each prospective student prior to enrollment. This information is provided for the student's protection. Ensure each item of information is given to the student, fully explained and all questions answered prior to signing an enrollment agreement or contact. In addition, the prospective student must acknowledge receipt by initialing each item in the space provided.

A: I have received following prior to enrollment:

- _____ 1. A copy of the school bulletin and a program/course outline for the program(s) in which I wish to enroll
- _____ 2. A schedule of the tuition, fees, and other charges
- _____ 3. A copy of the cancellation and refund policy
- _____ 4. The attendance, progress and grievance policies
- _____ 5. Rules of operation and conduct
- _____ 6. Regulations pertaining to incomplete grades
- _____ 7. An invitation to tour the school's facilities and inspect equipment related to my planned program of instruction

B:

- _____ 1. I have furnished information disclosing my previous education, training, and work experiences. I understand this will be evaluated and may result in my program/course length being shortened and the cost being reduced.
- _____ 2. I further realize that any grievances not resolved by the school may be forwarded to Veterans Education, Texas Veterans Commission, P.O. Box 12277, Austin, Texas 78711-2277.

I certify that I have been provided all of the information above prior to my enrollment. I will receive a copy of this completed form and a copy of my enrollment agreement when signed.

Signature of Student _____ **Date** _____

Signature of School Official _____ **Date** _____

**A COPY OF THIS COMPLETED FORM MUST BE GIVEN TO THE STUDENT
AND ALSO MAINTAINED IN HIS/HER FILE**

RECORD OF PREVIOUS EDUCATION AND TRAINING

SCHOOL NAME: _____

Authority for Data Collection: Title 38, United States Code, Chapter 36, Section 3676(b)(12)

Planned Use of this Data: This form must be used by the school in its entirety to provide a record by which previous education and training may be evaluated and credit given to the student. It also provides a record of such credit and reduction of program length and cost as required by law.

Instructions: Students receiving VA educational benefits do not have the "option" of having prior credit reviewed. ALL previous education and training must be provided to the school for review. Complete each item on front and back. If an item is not applicable, write "N/A." If credit is being claimed for postsecondary education, a transcript must be provided. Credit for experience should also be granted, if justified by the school's evaluation of the student's skills. Attach additional pages as needed. The completed form must be maintained in each student's file. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If additional clarification is required, contact Veterans Education at Texas Veterans Commission, P.O. Box 12277, Austin, Texas 78711-2277.

STUDENT INFORMATION

NAME: _____ SSN: _____ DATE OF BIRTH: _____

NAME OF PROGRAM: _____ DATE OF ENROLLMENT: _____

HIGH SCHOOL DIPLOMA: ☐ YES ☐ NO GED: ☐ YES ☐ NO

POSTSECONDARY EDUCATION (College, University, Technical or Vocational School, DD-214, and Military Transcripts)

<i>Name of School</i> _____ <i>Dates Attended</i> _____ <i>Type of Diploma or Degree</i> _____	<i>Location</i> _____ <i>Graduated (Yes or No)</i> _____ <i>Major Field of Study</i> _____
<i>Name of School</i> _____ <i>Dates Attended</i> _____ <i>Type of Diploma or Degree</i> _____	<i>Location</i> _____ <i>Graduated (Yes or No)</i> _____ <i>Major Field of Study</i> _____
<i>Name of School</i> _____ <i>Dates Attended</i> _____ <i>Type of Diploma or Degree</i> _____	<i>Location</i> _____ <i>Graduated (Yes or No)</i> _____ <i>Major Field of Study</i> _____
<i>Name of School</i> _____ <i>Dates Attended</i> _____ <i>Type of Diploma or Degree</i> _____	<i>Location</i> _____ <i>Graduated (Yes or No)</i> _____ <i>Major Field of Study</i> _____

PREVIOUS EXPERIENCE

Identify previous experience and skills that relate to the program curriculum for which you are enrolled.

THIS SIDE TO BE COMPLETED BY THE STUDENT / THE REVERSE TO BE COMPLETED BY SCHOOL OFFICIAL ONCE COMPLETED THIS FORM SHOULD BE KEPT IN THE STUDENT'S FILE.

FOR SCHOOL USE ONLY

School Evaluation of Previous Education and Training

Instructions: List f

or courses/subjects for which credit is being awarded and the justification for which the credit is granted (skills tests, experience, or transcript information).

Name of Program _____

Course/Subject	Equivalent	Hours of Credit (Credit and/or Clock)	Justification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit / Price Adjustments (Cost per hour is the original cost divided by the original program length)

Original Program Length _____ (clock hours) Original Cost \$ _____ (Tuition)

Less Credit Granted _____ (clock hours) Less Credit Granted \$ _____

Adjusted Program Length _____ (clock hours) Adjusted Program Cost \$ _____

ACKNOWLEDGMENT

STUDENT: I have discussed the above evaluation of my previous education and training with the authorized school official and acknowledge that:

☐ I **WILL** receive the above stated credit.

☐ I **WILL NOT** receive the above stated credit.

Signature of Student Printed Name Date

SCHOOL OFFICIAL: ☐ I certify that all information provided by the student has been evaluated and that student *will not* receive credit.

☐ I certify that all information provided by the student has been evaluated and that the student has been given credit for which he/she is entitled as listed above.

Signature of Authorized School Official Printed Name Date

POWER OF ATTORNEY CERTIFICATION

I certify that this institution does not have a power of attorney to negotiate Department of Veterans Affairs (VA) educational benefit checks nor does this institution use coercive procedures or practices to limit a veteran or other eligible person's disposition of the proceeds of a VA check. Checks are not stamped "For Deposit Only" to the school's account for endorsement by the student. This institution does not have a joint bank account with any VA student.

- ☐ The institution **DOES** plan on receiving VA students' monthly education benefit checks at the school's address.
- ☐ The institution **DOES NOT** plan on receiving VA students' monthly education benefit checks at the school's address.

Signature of School Official

Date

Title of School Official

Name of School

Address of School

City State Zip

ADVANCE PAYMENT CERTIFICATION

- ☐ Our institution **DOES NOT** wish to participate in the VA's advance payment program.
- ☐ Our institution **DOES AGREE** to participate in the VA's advance payment program, and we make the following certification:

I certify that advance payment checks will be maintained in a secure place, be given to the VA student upon registration, but not earlier than 30 days prior to the first day of classes, and that we will furnish verification of enrollment as prescribed by VA directives.

Signature of School Official

Date

Title of School Official

Facility Code

Name of School

Address of School

City/State/Zip

REQUEST FOR WAIVER – 85/15 PERCENT

This is to certify that our current enrollment of Department of Veterans Affairs (VA) students receiving VA educational benefits is 35 percent or less of the total school enrollment.

We do hereby request a waiver of the 85/15 percent reporting requirement. We do understand that the above waiver would not apply to any course/program in which the percentage of VA students exceeds 85 percent.

Signature of School Official

Date

Title of School Official

Name of School

Address of School

City State Zip

**DEPARTMENT OF VETERANS AFFAIRS
STATEMENT OF ASSURANCE OF COMPLIANCE
WITH EQUAL OPPORTUNITY LAWS**

(hereinafter called the "Signatory")

(Name of Organization, Institution, or Individual)

HEREBY AGREES THAT

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 6101 et seq.), and all Federal regulations adopted to carry out such laws. This assurance is directed to the end that no person in the United States shall on the ground of race, color, national origin (Title VI), handicap (Section 504), sex (Title IX, in education programs and activities only), or age (Age Discrimination Act) be excluded from participation in , be denied the benefits of , or be subjected to discrimination under any program or activity of the Signatory receiving Federal financial assistance or other benefits under statutes administered by VA (Department of Veterans Affairs), the ED (Department of Education), or any other Federal agency. This assurance applies whether assistance is given directly to the recipient or indirectly through benefits paid to the student, trainee, or other beneficiary because of enrollment or participation in a program of the Signatory.

The Signatory HEREBY GIVES ASSURANCE that it will promptly take measures to effect this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Signatory by VA or ED, this assurance shall obligate the Signatory, or in the case of transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. In all cases, this assurance shall obligate the Signatory for the period during which the Federal financial assistance is extended to any of its programs by VA, ED or any other Federal agency.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining Federal financial assistance, including facilities furnished or payments made under sections 104 and 244 (1) of Title 38, U.S.C. Also, sections 1713, 1720, 1720A, 1741-1743, 2408, 5902(a)(2), 8131-8137, 8151-8156, (formerly 613, 620, 620A, 641-643, 1008, 3402(a)(2), 5031-5037, 5051-5056 respectively) and 38 U.S.C. chapters 30, 31, 32, 35, 36, 82, and 10 U.S.C. chapter 106. Under the terms of an agreement between VA and ED, this assurance also includes Federal financial assistance given by ED through programs administered by that agency. Federal financial assistance is understood to include benefits paid directly to the Signatory and/or benefits paid to a beneficiary contingent upon the beneficiary's enrollment in a program or using services offered by the Signatory.

The Signatory agrees that Federal financial assistance or other benefits will be extended in reliance on the representations and agreements made in this assurance; that VA or ED will withhold financial assistance, facilities, or other benefits to assure compliance with the equal opportunity laws; and that the United States shall have the right to seek judicial enforcement of this assurance.

THIS ASSURANCE is binding on the Signatory, its successors, transferees, and assignees for the period during which assistance is provided. The Signatory assures that all contractors, subcontractors, subgrantees, or others with whom it arranges to provide services or benefits to its students or trainees in connections with the Signatory's programs or services are not discriminating against those students or trainees in violation of the above statutes.

The person whose signature appears below is authorized to sign this assurance.

(Date)

(Signature of authorized official)

(Title of authorized official)

(Mailing Address)

**CONFLICTING INTEREST CERTIFICATION FOR PROPRIETARY SCHOOLS ONLY**

NAME AND ADDRESS OF INSTITUTION

PURPOSE: This form informs individuals that the law has restrictions concerning any potential conflict of interest. (See certifications (1) and (2) below). These certifications not only apply to chapters 31 and 36 of Title 38, U.S.C., but also apply to the following programs administered by the Department of Veterans Affairs (VA):

MGIB	Montgomery GI Bill – Active Duty Educational Assistance Program (Chapter 30 of Title 38, U.S. Code)
VEAP	Veterans' Educational Assistance Program (Chapter 32 of Title 38, U.S. Code)
DEA	Dependents' Educational Assistance (Chapter 35 of Title 38, U.S. Code)
MGIB-SR	Montgomery GI Bill – Selected Reserve Educational Assistance Program (Chapter 1606, formerly known as Chapter 106, of Title 10, U.S. Code)
EAPP	Educational Assistance Pilot Program (Section 903 of Public Law 96-342)

(1) PROPRIETARY PROFIT SCHOOLS ONLY

The law prohibits employees of VA and the State Approving Agency (SAA) from owning any interest in an educational institution operated for profit. In addition, the law prohibits these employees from receiving any wages, salary, dividends, gifts, or services from private profit schools. These provisions may be waived if VA determines that no detriment will result to the government, or to veterans or eligible persons enrolled (38 U.S.C. 3683). Please list below those VA and SAA employees known by you who may have a potential conflict of interest under this provision. If there are none, please enter the word "none."

NAME AND TITLE OF EMPLOYEE(S)

DESCRIPTION OF ASSOCIATION WITH SCHOOL

(2) ALL PROPRIETARY SCHOOLS

38 C.F.R.21.4202© prohibits the approval of any veteran or eligible person in any proprietary school of which the veteran or trainee is an official authorized to sign certificates of enrollment or verifications/certifications of attendance, an owner or an officer. Please list below the names and VA file numbers (claim or Social Security Numbers) of any certifying officials, owners or officers of your school who receive VA educational assistance based on an enrollment in your school. If there are none, please enter the word "none."

NAME AND TITLE OF EMPLOYEE(S)

VA FILE NUMBER

DATES OF ENROLLMENT WITH YOUR SCHOOL

FROM

TO

I DO HEREBY CERTIFY that the entries above are true and correct to the best of my knowledge. I agree to immediately notify VA of any potential violations of the above prohibitions.

SIGNATURE OF PRESIDENT OR CHIEF ADMINISTRATIVE OFFICIAL OR SCHOOL

TITLE

DATE