

Application to Participate in Federal Student Financial Aid Programs

Section A: General Questions

The Application to Participate in Federal Student Financial Aid Programs serves as the starting point for Partner’s Participation in FSA Programs as well as the method of Participation maintenance. The eligibility application landing page will allow Partner to do the following:

- Begin an Eligibility Application for the Purpose of:
 - o Initial Certification
 - o Recertification
 - o Reinstatement
 - o Structure Change and/or Change in Ownership
 - o Merging of OPEIDs with the same Ownership
 - o Designation of Eligible Nonparticipating Institution
 - o Update/Report Information

| Question # | Text | Field Type | Automations | Visibility |
|------------|---|---|-------------|------------|
| | Tell us why you are submitting this application. Select one reason below. | Picklist, Multi-Select Picklist for Update Reason, Text Field for Reason: Other Initial Certification Recertification Reinstatement Structure Change and/or Change in Ownership Merging of OPEIDs with the same Ownership Designation as Eligible Nonparticipating Institution Update/Report Information (Multi-Select Picklist) <ul style="list-style-type: none"> Eligibility & Oversight Administrator Name Change Address Change – Main Change Phone/Fax Number/Email or Website Accrediting Agency State Authorizing Agency Official/Directors of Institution Financial Aid Director Officials/Directors of Ownership Entity Board of Directors Third-Party Servicer Additional Location Federal School Code Redesignation of Main Location Change Educational Measurement | | |

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| | | <p>Increase Level of Offering of Educational Programs</p> <p>Degree Program</p> <p>Nondegree/Vocational Program</p> <p>Short-Term Training Program</p> <p>Comprehensive Transition and Postsecondary Program</p> <p>Add/Drop a Title IV, HEA Program (Pell, Direct Loan, SEOSG, TEACH Grant, etc)</p> <p>Voluntary Withdrawal from All Title IV Programs</p> <p>Foreign School – Postsecondary Legal Authorization</p> <p>Foreign School - Degree Authorization</p> <p>Foreign School- U.S. Administrative and/or Recruitment Offices</p> <p>Foreign School - Facility at Which You Provide Graduate Medical Instruction</p> <p>Foreign Graduate Medical School - Authorizing Entity</p> <p>Foreign Graduate Veterinary School - Approval of Authorizing Entity</p> <p>Foreign Graduate Medical School - Length of Program</p> <p>Foreign Graduate Medical School – Clinical Sites</p> <p>Foreign Schools Annual Medical Reporting</p> <p>Other Purpose: (text field available)</p> | | |
| 1. | What is the name of your institution? | Text | Autopopulated | |
| 1a. | If the official name of your institution is in a language other than English, provide an equivalent English language translation of the official name of your institution. | Text | Autopopulated | Visible to Foreign Schools only |
| 2. | Do you have another name such as a trade name or d/b/a name, under which you legally do business as a postsecondary educational institution? | Picklist (Yes, No) | Autopopulated | |
| | Enter Name: | Text | Autopopulated | Visible if above answer = yes |
| 3. | Your 8-digit OPEID is: | Number, Read-only | Autopopulated | Visible only to existing institutions |

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| 4. | Your Partner Connect ID is: | 9 Digit Number, Read-only | Autopopulated | |
| 5. | What is your 9-digit Employee Identification Number (EIN)/Taxpayer Identification Number (TIN) given to you by the Internal Revenue Service (IRS)? | Number | Autopopulated | |
| 6. | What is your 12-digit Alpha-Numeric Unique Entity Identifier (UEI)? | Number | Autopopulated | |
| 7. | What is the URL for your institution's website? | Website URL | Autopopulated | |
| 8. | What was your most recently completed award year? | N/A | N/A | |
| | Beginning Date: 07/01/ | Date (YYYY) | N/A | |
| | Ending Date: 06/30/ | Date (YYYY) | N/A | |
| 9. | What is your current award year? | N/A | N/A | |
| | Beginning Date: 07/01/ | Date (YYYY) | N/A | |
| | Ending Date: 06/30/ | Date (YYYY) | N/A | |
| | Additional Information | Text | N/A | |

| Question # | Text | Field Type | Automations | Visibility |
|------------|---|----------------------------|-------------|--------------|
| | Before answering this question, please review the Guide to Structure Change and Change in Ownership - What You Need to Know | Display only | | |
| 1. | What is the reason for your Structure Change | Picklist: (multi-picklist) | N/A | Visible when |

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| | and/or Change in Ownership? | <p>CIO - Change in Control</p> <p>CIO - Without Change in Control</p> <p>CIO - This Main OPEID will become an additional location of another institution following a Change in Ownership</p> <p>CIO - Request to change Title IV Participation Designation (Public, Private Non-Profit, Proprietary)</p> <p>Other - The additional location(s) of this OPEID are being acquired by the owner of a different OPEID.</p> <p>Other - This OPEID is acquiring an additional location (former OPEID that closed)</p> <p>Other - This OPEID is acquiring an additional location (no former OPEID at this location)</p> <p>Other - This OPEID is acquiring the programs and/or platform from another OPEID with different ownership.</p> <p>Other - CIO inquiry</p> <p>Other (Text box for other)</p> | | application purpose is Structure Changes and/or CIO |
| 2. | Please provide a detailed written description of the structure change or change in ownership transaction you are requesting approval of and upload documentation to support this request. | Narrative Box and ability to upload documents. | N/A | Visible when application purpose is Structure Changes and/or CIO |
| 3. | Change in Ownership Date | Date | N/A | Visible when application purpose is Structure Changes and/or CIO |
| 4. | Are you submitting an application for a Pre-Acquisition Review? | Picklist (Yes/No) | N/A | Visible when application purpose is Structure Changes and/or CIO |
| 5. | Are you requesting an Abbreviated Pre-Acquisition Review or Comprehensive Pre-Acquisition Review? | Radio Buttons: (Pre-Acquisition Review, Comprehensive Pre-Acquisition Review) | N/A | Visible when application purpose is Structure Changes and/or CIO |
| 6. | Are you reporting an Excluded Change in Ownership? | Picklist (Yes/No) | N/A | Visible when application purpose is Structure Changes and/or CIO |

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|----------------|--|--------------------|--|-----------------------------------|
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

| Question # | Text | Field Type | Automations | Visibility |
|------------|--|------------|-------------|---|
| | <p>You are requesting to merge one or more OPEIDs that share your ownership.</p> <p>If you are requesting to merge OPEIDs that do not share your ownership, the merging institution must first submit an application to report the Structure Change and/or Change in Ownership before you request to merge the institutions.</p> | N/A | N/A | Visible when if purpose = merging of OPEIDs with the same ownership structure |
| 1. | What is the anticipated date of this merger? | date | | Visible when if purpose = merging of OPEIDs with the same ownership structure |

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| 2. | Provide the Main OPEID of the merging institution. | Number (lookup) | N/A | Visible when if purpose = merging of OPEIDs with the same ownership structure |
| Merger Adl. Location | Additional Location OPEIDs and Names | Text | Populates with data of approved locations | Visible when if purpose = merging of OPEIDs with the same ownership structure |
| 3. Merger Adl. Location | Select each location that is merging into this institution's OPEID. | Checkbox for each location to select | N/A | Visible when if purpose = merging of OPEIDs with the same ownership structure |
| Table of Mergers | Enter an additional OPEID to merge additional locations with your institutions | N/A | N/A | N/A |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

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| Question # | Text | Field Type | Automations | Visibility |
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| 1. Redesig. Adl Location Table | You are requesting to designate one of the additional locations of this OPEID as your Main Location. Select the location that you are designating as your new Main Location. | table of additional locations – with a checkbox for each additional location | N/A | Visible when application purpose = redesignation |
| | As a result of the requested Redesignation, this is the information about your new Main Location. Please confirm this information is correct. Select cancel if this is not the correct information. | N/A | N/A | Visible when application purpose = redesignation |
| | OPE ID, UEI, Location Name, Address | | Populated from Location Table | Visible when application purpose = redesignation |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

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Section B: Accreditation and State Authorization

| Question # | Text | Field Type | Automation | Visibility |
|--------------------------|--|---|--|--------------------------------|
| Accrediting Agency Table | Identify your accrediting agencies Provide the following information for each agency that has the authority to accredit your institution's programs. | N/A | N/A | Not Visible to Foreign Schools |
| 1. | Select your accrediting agency | Accrediting Agency Lookup | Autopopulated - at least 1 required | Not Visible to Foreign Schools |
| 1a. | What year did your accrediting agency last accredit you? | Date (YYYY) | Autopopulated | Not Visible to Foreign Schools |
| 1b | For how many years is this accreditation granted? | Number | Autopopulated | Not Visible to Foreign Schools |
| 1c. | Check here if this is your Primary Accrerator | Checkbox | Autopopulated | Not Visible to Foreign Schools |
| 1d. | Select if this agency accredits your whole institution | Checkbox | Autopopulated | Not Visible to Foreign Schools |
| 1e. | Select if this agency accredits individual programs offered by your institution | Checkbox | Autopopulated | Not Visible to Foreign Schools |
| 1f. | Has this accreditor issued a decision letter, placed the institution/location on probation, placed the institution/location on warning, placed the institution/location on show cause, issued a loss/withdrawal of accreditation notice, mandated a reporting requirement or issued any other notification of non-compliance of accrediting standards since your last application was submitted? | Picklist (Yes, No) | N/A | Not Visible to Foreign Schools |
| | Select action issued | Picklist, Multi-Select Picklist: Decision letter | N/A | Not Visible to Foreign Schools |

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| Question # | Text | Field Type | Automation | Visibility |
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| | You must upload a copy of the notification/action issued by your accreditor. | Placed the institution/location on probation Placed the institution/location on warning Placed the institution/location on show cause Issued a loss/withdrawal of accreditation notice Mandated a reporting requirement Other notification of non-compliance of accrediting standards | | Visible for Domestic Schools, when 1f. = yes |
| | Other notification of non-compliance of accrediting standards | Text | | Visible if Selection Action issued = other adverse action |
| 1g. | Provide the End Date of your Accreditation. Only provide an end date if you are no longer accredited by the agency that you have entered above. Please contact FSA if you are providing an end date for your primary accreditor. | Date | Autopopulated if previously entered | Not Visible to Foreign Schools, only visible when editing |
| | Enter the explanation as to why this is end date is more than 30 days in the future | Text | N/A | Visible when End Date is more than 30 days in the future |
| State Authorizing Agency Table | Provide information for each state authorizing agency or entity that legally authorizes you as a postsecondary educational institution or exempts you from state authorization requirements as a religious institution. | N/A | N/A | Not Visible to Foreign Schools |
| 2. | Select the State and the name of the state authorizing agency or other entity that legally authorizes you as a postsecondary educational institution or exempts you from state authorization requirements as a religious institution. If your state agency or other entity is not listed, contact Federal Student Aid for assistance. | N/A | N/A | |

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| Question # | Text | Field Type | Automation | Visibility |
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| 2a. | Select State | Picklist | Autopopulated | Not Visible to Foreign Schools |
| 2b. | Select Agency | Lookup | Autopopulated | Not Visible to Foreign Schools |
| 2c. | Has this state licensing or authorizing agency issued a loss/withdrawal of state authorization notice, mandated a reporting requirement, or issued a notification/action of non-compliance of State requirements since your last application was submitted? | Picklist (Yes, No) | N/A | Not Visible to Foreign Schools |
| | Select action issued You must upload a copy of the notification/action issued by your state licensing or authorizing agency. | Picklist, Multi-Select Picklist: Mandated a reporting requirement, Issued a loss/withdrawal of State recognition, Notification of non-compliance of State requirements, Other notification of non-compliance of authorization standards | | Not Visible to Foreign Schools Visible to Domestic Schools when 2c. = yes |
| | Other notification of non-compliance of authorization standards | Text | | Visible if Selection Action issued = other adverse action |
| 2d. | Provide the End Date of your State Authorization. Only provide an end date if you are no longer authorized by the state agency or other entity that you entered above. | Date | Autopopulated if previously entered | Not Visible to Foreign Schools, only visible when editing |
| | Enter the explanation as to why this is end date is more than 30 days in the future | Text | N/A | Visible when End Date is more than 30 days in the future |
| 3. | Are you an institution that is authorized by name to offer educational programs beyond secondary education by the Federal Government; or, as defined in 25 U.S.C. 1801(a)(2), by an Indian | Picklist (Yes, No) | Autopopulated | Not Visible to Foreign Schools |

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| Question # | Text | Field Type | Automation | Visibility |
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| | tribe? | | | |
| 4. | Are you exempted from State authorization as a religious institution under the State constitution or by State law? | Picklist (Yes, No) | Autopopulated | Not Visible to Foreign Schools |
| 5. | Does the state agency that authorizes you, or exempts you, have a process to review and appropriately act on complaints concerning the institution including enforcing applicable State laws? | Picklist (Yes, No) | Autopopulated | Not Visible to Foreign Schools |
| 5a. | Name of the State agency that reviews and acts on complaints concerning the institution including enforcing applicable State laws. | Text | Autopopulated | Not Visible to Foreign Schools |
| | Additional Information- Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section. | Text | N/A | |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document | Checkbox | N/A | Visible when uploading a new file |

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| Question # | Text | Field Type | Automation | Visibility |
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| | description below. | | | |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

Section C: Structure, Ownership and Control

| Question # | Text | Field Type | Automation | Visibility |
|------------|---|---|---|----------------------------|
| 1. | Since you were last certified to participate in Federal Student Financial Aid Programs has your institution changed, or is your institution expecting to change (Pre-Acquisition), its structure or ownership in a manner that resulted, or will result, in a change in ownership with a change of control? | Picklist (Yes, No) | Blank or Autopopulated depending on Application purpose | |
| | Your requested Title IV Participation Designation status is displayed. OR Your current Title IV Participation Designation status is displayed. | Text | Autopopulated | |
| 2. | Check here if you are requesting to change your Title IV Participation Designation status. | Checkbox | | |
| 2a | Select your requested Title IV Participation Designation. | Picklist: For domestic: Public Private Non-Profit Proprietary For foreign: Foreign Public Foreign Private Non-Profit | Autopopulated | Required when 2. = checked |

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| | | Foreign For-Profit | | |
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| Ownership Tree Table will display | Provide information for each entity or individual that directly or indirectly owns an interest in your institution. Starting with your Level 1 owner. | N/A | N/A | |
| 3. | Are you entering a person owner or an entity owner? Select Person if you are adding an individual owner (sole proprietor) or a shareholder/member/partner. | Picklist - Select Person Entity | Autopopulated | |
| 3a. | Select ownership type for this person owner from the choices below (select only one). | Picklist to: Sole proprietorship (Individual Owner) Shareholder/Member/Partner | Autopopulated | Visible when entering a person owner |
| 3b. | Provide the information below for this owner. You must provide your home address, personal email, and personal telephone number. | N/A | N/A | |
| | Shareholder/Member/Partner of | Picklist of existing owners | Autopopulated | Visible when entering a person owner when Shareholder/Member/Partner is checked |
| | Percentage of Ownership | Percentage | Autopopulated | Visible when entering a person owner, except defaults to 100% if sole proprietorship is checked |
| | Percentage of Voting Rights You must upload a copy of all voting agreements. | Percentage | Autopopulated | Visible when entering a person owner |
| | Ownership Begin Date | Date | Autopopulated | Visible when entering a person owner |
| | Ownership End Date | Date | Autopopulated | Visible when editing a person owner |

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| | If this owner no longer has an ownership interest in the institution, enter the date the ownership ended. | | | |
| | Check here if this is the same person as your: Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer | Checkbox | Autopopulated | |
| | Select position. | Picklist: Chief Executive Officer - Name President/Chancellor - Name Chief Financial Officer - Name Financial Aid Director - Name Chief Information Officer - Name Chief Operating Officer - Name | Autopopulated | Visible when, "Check here is the same person as" = checked. |
| | Personal Information Provide full legal name | N/A | N/A | Visible when entering a person owner |
| | Prefix, First Name, Middle Name, Last Name, Suffix | | Autopopulated | Visible when entering a person owner |
| | E-mail Address | Text | Autopopulated | Visible when entering a person owner |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when entering a person owner |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | Visible when entering a person owner |

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| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | Visible when entering a person owner |
| | Provide the following information. | N/A | N/A | Visible when entering a person owner |
| | Home Address Street Address, City, State/Province, Country, ZIP/Postal Code | Text | Autopopulated | Visible when entering a person owner |
| | Personal E-mail Address | Email | Autopopulated | Visible when entering a person owner |
| | Personal Telephone Number (include Area Code) | Number | Autopopulated | Visible when USA is Chosen |
| | Personal International Telephone Number | Number | Autopopulated | Visible when Country Other than USA is Chosen |
| 3c. Past Performance - Ownership | Has this owner or a member of the owner's family ever had any ownership of another institution that is now participating in or has ever participated in federal student financial aid programs? | Picklist (Yes, No) | Autopopulated | Visible when entering a new person owner |
| | Provide information for each institution that is or was owned. | School Search (Name, City, State) | Autopopulated | Visible when 3c. = yes |
| | If Institution was not found, enter institution name here | Text | N/A | Visible when 3c. = yes |
| | Provide the OPEID of the institution that is or was owned. | OPEID | Autopopulated | Visible when 3c. = yes |

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| | Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership? | Picklist (Yes, No) | Autopopulated | Visible when 3c. = yes |
| | Provide Explanation | Text | | Visible when 3c. = yes |
| 3d. Past Performance - Ownership (TPS) | Has this owner or a member of the owner's family ever had any ownership of a Third-Party Servicer? | Picklist (Yes, No) | Autopopulated | Visible when entering a person owner |
| | Provide the name of the Third-Party Servicer that is or was owned | Text | Autopopulated | Visible when 3d. = yes |
| | If Third-Party Servicer was not found, enter Third Party Servicer here | Text | Autopopulated | Visible when Provide the name of the TPS that was owned = other |
| | Is there any liability currently owed to the Department that is related to conduct of the third-party servicer during the period of ownership? | Picklist (Yes, No) | Autopopulated | Visible when 3d. = yes |
| | Provide Explanation | Text | | Visible when 3d. = yes |
| 3e. Past Performance - Employment | Has this owner or a family member ever held a position at another institution? | Picklist (Yes, No) | Autopopulated | |
| | Provide information for each institution that this owner or a family member held a position at. | School Search (Name, City, State) | Autopopulated | Visible when 3e. = yes |
| | If Institution was not found, provide the name of the institution | Text | N/A | Visible when 3e. = yes |
| | Provide the OPEID of the Institution | OPEID | Autopopulated | Visible when 3e. = yes |
| | Date(s) position held. | Begin Date End Date | N/A | Visible when 3e. = yes |

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| | Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership or position held? | Picklist (Yes, No) | Autopopulated | Visible when 3e. = yes |
| | Provide Explanation | Text | | Visible when 3e. = yes |
| Ownership Tree Table | Provide the following information for each level of ownership (Entity) | N/A | N/A | |
| 3a. | Select ownership type for this entity owner from the choices below (select only one). | <p>Picklist to:</p> <ul style="list-style-type: none"> Corporation (Publicly-traded) Corporation (closely held under provisions of state law) Corporation (for profit, not publicly-traded or closely held under provisions of state law) Corporation (for profit - Certified B) Corporation (nonprofit) Corporation (public benefit) Limited liability company (for profit) Limited liability company (nonprofit) Limited liability partnership (for profit) Limited liability partnership (nonprofit) Limited liability limited partnership (for profit) Limited liability limited partnership (nonprofit) General partnership (for profit) General partnership (nonprofit) Trust (Irrevocable) Trust (Irrevocable nonprofit) Trust (Revocable) Foreign Entity Other | Autopopulated | Visible when entering an entity owner |
| | If you selected Publicly Traded Corporation above, provide the stock exchange trading symbol. | Text | Autopopulated | Visible when entering an entity owner when ownership type = Publicly Traded Corporation |
| | If you selected Trust (Irrevocable), Trust (Revocable), or Trust (Irrevocable nonprofit) Provide beneficiary (enter name of each person or entity) | Text | Autopopulated | Visible when entering an entity owner if Partner selected Trust (Irrevocable) or Trust (revocable), Optional if Trust |

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| | | | | (Irrevocable nonprofit) |
| | If you selected Trust (Irrevocable), Trust (Revocable), or Trust (Irrevocable nonprofit) Provide Trustee (enter name of person or entity) | Text | Autopopulated | Visible when entering an entity owner if Partner selected Trust (Irrevocable) or Trust (revocable), Optional if Trust (Irrevocable nonprofit) |
| | What is your tax status? | Picklist: C Corporation S Corporation Other | Autopopulated | Visible when, ownership type = "Corporation (closely held under provisions of state law)" or "Corporation (for profit, not publicly-traded or closely held under provisions of state law)" or "Corporation (for profit - Certified B)" |
| | Identify the country in which this owner is incorporated/organized. | Picklist | Autopopulated | |
| | Date Incorporated/Organized: MM/DD/YYYY | Date | Autopopulated | Display when country is not USA |
| | Identify the state in which this owner is incorporated/Organized. | Picklist | Autopopulated | Display when country is USA |
| | Date Incorporated/Organized: MM/DD/YYYY | Date | Autopopulated | Display when country is USA |
| | Provide date of first financial activity: MM/DD/YYYY | Date | Autopopulated | |

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| 3b. | Owner Of | Picklist of existing owners or add new owner | Autopopulated with owner selected | Visible when entering an entity |
| | Ownership Begin Date | Date | Autopopulated | Visible when entering an entity |
| | Ownership End Date | Date | Autopopulated | Visible when editing an entity |
| | Percentage of Ownership | Percentage | Autopopulated | Visible when entering an entity |
| | Percentage of Voting Rights You must upload a copy of all voting agreements. | Percentage | Autopopulated | Visible when entering an entity owner |
| | Name of Entity | Picklist of existing owners or add new owner | Autopopulated | Visible when entering an entity |
| | EIN/TIN | Number | Autopopulated | Visible when entering an entity owner |
| | UEI | Number | Autopopulated | Visible when entering an entity owner |
| | Provide the following information | N/A | N/A | Visible when entering an entity owner |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when entering an entity owner |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | Visible when entering an entity owner |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when USA is |

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| | | | | Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | Visible when entering an entity owner |
| 3c. Past Performance - Ownership | Has this owner or related entity ever had any ownership of another institution that is now participating in or has ever participated in federal student financial aid programs? | Picklist (Yes, No) | Autopopulated | Visible when entering an entity owner |
| | Provide the name of each institution that is or was owned | School Search (Name, City, State) | Autopopulated | Visible when 3c. = Yes |
| | If Institution was not found, enter institution name here | Text | N/A | Visible when 3c. = Yes |
| | OPEID of Institution | OPEID | Autopopulated | Visible when 3c. = Yes |
| | Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership? | Picklist (Yes, No) | Autopopulated | Visible when 3c. = Yes |
| | If yes, please provide explanation | Text | Autopopulated | Visible when 3c. = Yes |
| 3d. Past Performance - Ownership (TPS) | Has this owner or a related entity ever had any ownership of a Third-Party Servicer? | Picklist (Yes, No) | Autopopulated | Visible when entering an entity owner |
| | Provide the name of the Third-Party Servicer that is or was owned | Text | Autopopulated | Visible when 3d. = yes |
| | If Third-Party Servicer was not found, enter | Text | Autopopulated | Visible when 3d. = |

Application to Participate in Federal Student Financial Aid Programs

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| | Third-Party Servicer here | | | yes |
| | Is there any liability currently owed to the Department that is related to conduct of the third-party servicer during the period of ownership? | Picklist (Yes, No) | Autopopulated | Visible when 3d. = yes |
| | If yes, please provide explanation | Text | Autopopulated | Visible when 3d. = yes |
| 3e. | Identify the officials that serve in the following positions for this Entity owner - | N/A | N/A | N/A |
| Entity Officials Table | Select the role(s) this individual holds for this Entity Owner. Select all that apply. | Picklist (multipicklist) Chief Executive Officer President Chief Financial Officer Chief Operation Officer Other Executive Officer | Autopopulated | Visible when entering an Entity owner |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | Visible when entering an Entity official |
| | E-mail Address | Text | Autopopulated | Visible when entering an Entity official |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | Picklist | Autopopulated | Visible when entering an Entity official |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | Visible when entering an Entity official |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |

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| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | Visible when entering an Entity official |
| | Provide the Home Address, Phone Number, and E-mail Address for this owner. | N/A | N/A | Visible when entering an Entity official |
| | Home Address Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when entering an Entity official |
| | Personal E-mail Address | Email | Autopopulated | Visible when entering an Entity official |
| | Personal Telephone Number (include Area Code) | Number | Autopopulated | Visible when USA is Chosen |
| | Personal International Telephone Number | Number | Autopopulated | Visible when Country Other than USA is Chosen |
| | Effective Date | Date | Autopopulated | Visible when entering an Entity official |
| | End Date | Date | | Visible when editing an entity |
| 3f. Past Performance - Ownership | Has this entity official or a member of the entity official's family ever had any ownership of another institution that is now participating in or has ever participated in federal student financial aid programs? | Picklist (Yes, No) | Autopopulated | Visible when entering an Entity official |
| | Provide the name of each institution that is or was owned | School Search (Name, City, State) | Autopopulated | Visible when 3f. = yes |
| | If Institution was not found, enter institution name here | Text | N/A | Visible when 3f. = yes |

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| | OPEID of Institution that is or was owned. | OPEID | Autopopulated | Visible when "3f. = yes |
| | Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership? | Picklist (Yes, No) | Autopopulated | Visible when 3f. = yes |
| | If yes, please provide explanation | Text | Autopopulated | Visible when 3f. = yes |
| 3g. Past Performance - Ownership (TPS) | Has this entity official or a member of the entity official's family ever had any ownership of a Third-Party Servicer? | Picklist (Yes, No) | Autopopulated | Visible when entering an Entity official |
| | Provide the name of the Third-Party Servicer that is or was owned | Search | Autopopulated | Visible when 3g. = yes |
| | If Third-Party Servicer was not found, enter Third Party Servicer name here | Text | N/A | Visible when 3g. = yes |
| | Is there any liability currently owed to the Department that is related to conduct of the third-party during the period of ownership? | Picklist (Yes, No) | Autopopulated | Visible when 3g. = yes |
| | If yes, please provide explanation | Text | Autopopulated | Visible when 3g. = yes |
| 3h. Past Performance - Employment | Has this entity official or a family member ever held a position at another institution? | Picklist (Yes, No) | Autopopulated | Visible when entering an entity owner |
| | Provide information for each institution that this entity official or a family member held a position at. | School Search (Name, City, State) | Autopopulated | Visible when 3h. = yes |
| | If Institution was not found, enter institution name here | Text | N/A | Visible when 3h. = yes |
| | OPEID of Institution Provided | OPEID | Autopopulated | Visible when 3h. = |

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| | | | | yes |
| | Date(s) position held. | Start Date End Date | N/A | Visible when 3h. = yes |
| | Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership or position held? | Picklist (Yes, No) | Autopopulated | Visible when 3h. = yes |
| | If yes, please provide explanation | Text | Autopopulated | Visible when 3h. = yes |
| 3i. | Provide the legal name and Business Street Address of the contact person (sometimes known as the "registered agent") within the state or foreign country where you are incorporated. | N/A | Autopopulated | Visible when entering an entity owner |
| | Prefix, First Name, Middle Name, Last Name, Suffix | | Autopopulated | Visible when entering an entity official |
| | E-mail Address | Text | Autopopulated | Visible when entering an entity official |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | Text | Autopopulated | Visible when entering an entity official |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | Visible when entering an entity official |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | Visible when entering an entity |

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| | | | | official |
| | <p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p> | Text | N/A | |

Section D: Officials of the Institution

The Partner will be able to enter multiple official entries with the following fields, they will also be able to edit existing official details.

| Question # | Text | Field Type | Automations | Visibility |
|-----------------------------|---|--|---------------|---|
| 1. | <p>Provide information below about each official at your institution.</p> <p>You must identify individuals in the following roles : Chief Executive Officer; President/Chancellor; Chief Financial Officer, Financial Aid Director; Chief Information Officer; and Chief Operating Officer.</p> | N/A | N/A | N/A |
| Institution Officials Table | Select the role(s) that this individual performs at your institution. | Picklist (multi-select) Chief Executive Officer - Name President/Chancellor Chief Financial Officer- Name Financial Aid Director- Name Chief Information Officer- Name Chief Operating Officer- Name | Autopopulated | |
| | Check here if the identity of this person has not changed, but you need to change his or her name (for example, due to marriage or another reason). Provide the reason for the name change in the additional information box and the end of this section. | Checkbox | | Visible when Partner edits the name field |

Application to Participate in Federal Student Financial Aid Programs

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| | If you need to add a new official, you must enter an end date for this official and select Edit Official to return to the officials table on the previous screen. Do not add a new person on this screen. | | | |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | |
| | E-mail Address | Text | Autopopulated | |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | |
| | Provide the following information for this Official. | N/A | N/A | |
| | Home Address Street Address, City, State/Province, Country, ZIP/Postal Code | Text | Autopopulated | |
| | Personal E-mail Address | Email | Autopopulated | |
| | Personal Telephone Number (include Area Code) | Number | Autopopulated | Visible when USA is Chosen |
| | Personal International Telephone Number | Number | Autopopulated | Visible when Country Other than USA is Chosen |
| | Role Effective Date | Date | Autopopulated | |

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|--|--|--|---------------|--|
| Once the User completes the above questions, an entry is added Institution Officials Table | Role End Date | Date | Autopopulated | only visible when editing |
| 2. Institution Board of Trustees Table | Does this institution have a Board of Trustees or Board of Directors? | Picklist (Yes, No) | Autopopulated | |
| 2a. | Provide information for each member of the Board of Trustees or the Board of Directors. | N/A | N/A | Visible when, "Does this entity have a Board of Trustees or Board of Directors?" = yes |
| | Check here if this is the same person as your: Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer | Checkbox | Autopopulated | |
| | Select position. | Picklist Chief Executive Officer - Name President/Chancellor - Name Chief Financial Officer - Name Financial Aid Director - Name Chief Information Officer - Name Chief Operating Officer - Name | Autopopulated | Visible when, "Check here is the same person as" = checked. |
| | Prefix, First Name, Middle Name, Last Name, | | Autopopulated | |

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| | Suffix | | or Picklist selection | |
| | Email Address | Email | Autopopulated or Picklist selection | Visible when entering a member of the Board of Trustees or Board of Directors |
| 2b. Past Perform. - Owner | Has this Board member ever had any ownership of another institution that is now participating in or has ever participated in federal student financial aid programs? | Picklist (Yes, No) | Autopopulated | Visible when entering a member of the Board of Trustees or Board of Directors |
| | Provide the name of each institution that is or was owned | School Search (Name, City, State) | Autopopulated with production | Visible when 2b. = yes |
| | If Institution was not found, enter institution name here | Text | N/A | Visible when 2b. = yes |
| | OPEID of Institution Provided | OPEID | Autopopulated with Institution Selection or blank | Visible when 2b. = yes |
| | Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership? | Picklist (Yes, No) | Autopopulated | Visible when 2b. = yes |
| | Provide Explanation | Text | | Visible when 2b. = yes |
| 2c. Past Perform. - Owner (TPS) | Has this Board member ever had any ownership of a Third-Party Servicer? | Picklist (Yes, No) | Autopopulated | Visible when entering a member of the Board of Trustees or Board of Directors |
| | Provide the name of the Third Party Servicer that | Account Lookup or Text | Autopopulated | Visible when 2c. = |

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| | is or was owned | | | yes |
| | If Third Party Servicer was not found, enter Third Party Servicer name here | Text | N/A | Visible when 2c. = yes |
| | Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership? | Picklist (Yes, No) | Autopopulated | Visible when 2c. = yes |
| | Provide Explanation | Text | | Visible when 2c. = yes |
| 2d. Past Perform - Employ | Has this Board member ever held a position or ever served as a board member at another institution? | Picklist (Yes, No) | Autopopulated | Visible when entering a member of the Board of Trustees or Board of Directors |
| | Provide information for each institution that this Board member held a position at. | School Search (Name, City, State) | | Visible when 2d. = yes |
| | If Institution was not found, enter institution name here | Text | | Visible when 2d. = yes |
| | OPEID of Institution Provided | OPEID | | Visible when 2d. = yes |
| | Date(s) position held. | Start Date End Date | N/A | Visible when 2d. = yes |
| | Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership or position held? | Picklist (Yes, No) | Autopopulated | Visible when 2d. = yes |
| | Provide Explanation | Text | | Visible when 2d. = yes |
| | Effective Date MM/DD/YYYY | Date | Autopopulated | |
| Once the User completes | End Date MM/DD/YYYY | Date | Autopopulated | only visible when editing |

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| the above questions, an entry is added Institution BOT Table | | | | |
| 3. | Who is the appropriate person to contact for further information about your board (for example, the board's recording secretary). | N/A | N/A | |
| | Check here if this is the same person as your: Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer | Checkbox | Autopopulated | |
| | Select position. | Picklist Chief Executive Officer - Name President/Chancellor - Name Chief Financial Officer - Name Financial Aid Director - Name Chief Information Officer - Name Chief Operating Officer - Name | Autopopulated | Visible when, "Check here is the same person as" = checked. |
| | Prefix, First Name, Middle Name, Last Name, Suffix | | Autopopulated | Visible when entering a BOT |
| | E-mail Address | Text | Autopopulated | Visible when entering a BOT |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when entering a BOT |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when entering a BOT AND when USA is Chosen |

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| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when entering a BOT And when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | Optional |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when entering a BOT and when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when entering a BOT Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | Visible when entering a BOT |
| | Effective Date MM/DD/YYYY | Date | Autopopulated | Visible when entering a BOT |
| | End Date MM/DD/YYYY | Date | Autopopulated | only visible when editing |
| | Additional Information Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section. | Text | N/A | |
| Document | Document Upload Component | File Uploader | N/A | N/A |

Application to Participate in Federal Student Financial Aid Programs

| Table | | | | |
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| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

Section E: Eligibility & Oversight Admin

| Question # | Text | Field Type | Automations | Visibility |
|------------|--|-------------------------------------|---------------|----------------------------------|
| | Identify your Eligibility and Oversight Administrator | Display Only | | |
| 1. | Who is your Eligibility and Oversight Administrator? | N/A | N/A | |
| | Check here if this is the same person as your: Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer | Checkbox | Autopopulated | |
| | Select position. | Picklist Chief Executive Officer | Autopopulated | Visible when, "Check here is the |

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| | | President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer | | same person as” = checked. |
| | Check here if the identity of this person has not changed, but you need to change his or her name (for example, due to marriage or other reason). | Checkbox | | Visible when Partner edits the name field |
| | Prefix, First Name, Middle Name, Last Name, Suffix | | Autopopulated | Visible when entering an EOA |
| | E-mail Address | Text | Autopopulated | Visible when entering an EOA |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when entering an EOA |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when entering an EOA when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when entering an EOA when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | Visible when entering an EOA |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when entering an EOA when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when entering an EOA when Country Other than USA is Chosen |

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| | Fax Number Extension | Number | Autopopulated | Visible when entering an EOA |
| | End Date | Date | Autopopulated | only visible when editing |
| | Identify your alternate Eligibility and Oversight Administrator | Display Only | | |
| 2. | Who is your alternate Eligibility and Oversight Administrator? | N/A | N/A | |
| | Check here if this is the same person as your: Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer | Checkbox | Autopopulated | |
| | Select position. | Picklist Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer | Autopopulated | Visible when, "Check here is the same person as" = checked. |
| | Check here if the identity of this person has not changed, but you need to change his or her name (for example, due to marriage or other reason) | Checkbox | | |
| | Prefix, First Name, Middle Name, Last Name, Suffix | | Autopopulated | |
| | E-mail Address | Text | Autopopulated | Visible when entering an EOA alternate |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when entering an EOA alternate |

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| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | Visible when entering an EOA alternate |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when entering an EOA alternate when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when entering an EOA alternate when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | Visible when entering an EOA alternate |
| | End Date | Date | Autopopulated | only visible when editing |
| | Additional Information | Text | N/A | |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to | Visible when uploading a new file |

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| | | | be uploaded | |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

Section F: Locations

| Question # | Text | Field Type | Automations | Visibility |
|------------|---|------------|--|------------|
| | Main Location Information: Institution Name OPEID Partner Connet ID | N/A | N/A | |
| | Institution Name | N/A | Autopopulated | |
| | OPEID | N/A | Pre-populated for existing institutions, not editable Will not be present for initial eligibility or additional to freestanding | |
| | Partner Connect ID | N/A | Pre-populated, not editable | |
| 1. | Check here if you need to update the address of your main location and provide the following information. | checkbox | | |

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| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| 2. | <p>Do students receive instruction at this physical location?</p> <p>“Select “yes” if students enrolled at your institution receive instruction at this physical location. Select “no” if this location is an administrative location where no students physically attend class or receive instruction.”</p> | Picklist (Yes, No) | Autopopulated | |
| | Federal School Code Name | Display Only | | |
| 3. | <p>The information listed above will be this location’s Name for the Federal School Code listing. If you would like to change the Name used for this location for the Federal School Code listing, you may do so here.</p> <p>Enter the Federal School Code Name you would like displayed in the Federal School Code listing.</p> | Text | Autopopulated | |
| | Federal School Code | Number | Autopopulated | Only Visible when Application purpose is not initial, reinstatement, designated as eligible |

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|-------------------------------------|--|--------------------------------------|--|---------------------------------|
| | FSC Contact | N/A | N/A | |
| | First Name, Last Name | | Autopopulated | |
| | Email | Email | Autopopulated | |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when Country is USA |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when country is not USA |
| | Telephone Number Extension | Number | Autopopulated | |
| | You must provide information for any additional location (other than your main location) at which you offer or will offer 50% or more of an educational program. | N/A | N/A | |
| 4.Additional Locations Table | Additional Location Name | Text | Autopopulated For existing Additional Locations | |
| | OPEID | N/A | Autopopulated | |
| | Partner Connect ID | N/A | Autopopulated | |
| | UEI | Text | Autopopulated | |
| | Provide the address for this Location | N/A | Autopopulated | |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | |
| 5. | Is this location a prison or jail? | Picklist (Yes, No) | Autopopulated | Visible to Domestic Schools, |
| 6. | Effective Date | Date | Autopopulated | |
| | End Date | Date | Autopopulated | only visible when editing |

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|----|--|---|---------------|--|
| | End Date Reason | Picklist Location Closed Loss of State/Tribal/Federal Authorization Loss of Accreditation Voluntary Withdrawal Loss of Legal Authorization (Foreign School) Other | Autopopulated | |
| | If you selected "Other" from the list of End Date Reasons above, enter the reason here. | Text | Autopopulated | |
| 7. | Do you want this location to have a Federal School Code? | Picklist (Yes, No) | N/A | Visible only when Partner is adding a new location |
| | The following will be this location's Name for the Federal School Code listing. If you would like to change the Name used for this location for the Federal School Code listing, you may do so here Enter the Federal School Code Name you would like displayed in the Federal School Code listing. | N/A | N/A | Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code |
| | Federal School Code Name | Text | Autopopulated | Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code |
| | Federal School Code | Number | Autopopulated | Only visible to schools with a federal school code |
| | Do you wish to deactivate the FSC Code that is currently assigned to this location? | Checkbox | N/A | Only visible to schools with a federal school code |
| | FSC Contact | N/A | N/A | Visible when 7. = Yes OR when Additional Location |

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| | | | | already exists and has a Federal School Code OR when Additional Location already exists and has a Federal School Code |
| | First Name | Name | Autopopulated | Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code |
| | Last Name | Name | Autopopulated | Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code |
| | Email | Email | Autopopulated | Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code |
| Once User has entered the above details , an | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when 7. = Yes OR when Additional Location already exists and |

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|--|--|------------------------------------|--|--|
| entry will populated on Additional Locations Table | | | | has a Federal School Code |
| | Telephone Number Extension | Number | Autopopulated | Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code |
| | <p>Additional information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p> | Text | | Additional information |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when |

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Section G: Educational Programs

| Question # | Text | Field Type | Automations | Visibility |
|------------|--|-------------------------------------|----------------------------|-----------------------------|
| 1. | Check each box below that describes the educational program(s) you provide as of the date you submit this application, or that you will provide during the current award year. Provide information only on the program(s) that you wish to be eligible for federal student financial aid. (You may check more than one box.) | Each Field below will be a checkbox | Autopopulated if populated | Visible to Domestic Schools |
| 1a. | <p>Associate Degree Programs</p> <p>An educational program of at least two years of postsecondary education in an academic or occupational field culminating in the receipt of an Associate Degree. Associate degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Associate of Arts (AA) - Associate of Applied Science (AAS) - Associate of Occupational Science (AOS) - Associate of Science (AS) | | | Visible to Domestic Schools |
| 1b. | <p>Bachelor's Degree Programs</p> <p>An educational program of at least four years of postsecondary education in an academic or occupational field culminating in the receipt of a Bachelor's Degree. Bachelor's degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Bachelor of Arts (BA) - Bachelor of Science (BS) | | | |
| 1c. | <p>Master's Degree Programs</p> <p>An educational program of one or two years of</p> | | | Visible to Domestic |

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| | <p>postgraduate study in a graduate school or department culminating in the receipt of a Master's Degree. Master's degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Master of Arts (MA) - Master of Science (MS) - Master of Social Work (MSW) - Master of Business Administration (MBA) | | | Schools |
| 1d. | <p>Doctoral Degree Programs</p> <p>An educational program of three or more years of postgraduate study for the completion of advanced graduate or professional studies in the humanities, the social sciences, the behavioral sciences, or the pure sciences beyond the master's level, culminating in the receipt of a research Doctoral Degree. Doctoral degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Doctor of Philosophy (PhD) - Doctor of Theology (ThD) - Doctor of Engineering (EngD) - Doctor of Education (EdD) | | | |
| 1e. | <p>Professional Degree Program</p> <p>An educational program culminating in receipt of a degree awarded by an institution to an entry-level professional in certain occupational fields. Although sometimes called doctoral degrees, professional degrees differ from research doctorates in that they do not include a required component of original research or a demonstration of expertise in a field beyond what is required to qualify for basic licensing examinations. Professional degrees may be awarded in such fields as:</p> <p>Chiropractic, dentistry, divinity/ministry, law, medicine, optometry, osteopathic medicine,</p> | | | Visible to Domestic Schools |

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| | pharmacy, podiatry, rabbinical and Talmudic studies, and veterinary medicine. | | | |
| 1f. | <p>Graduate or Professional Non – Degree Programs</p> <p>An educational program above the baccalaureate level that leads to a non-degree certificate or other recognized educational credential,</p> <ul style="list-style-type: none"> - is at least 10 weeks, - provides at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction, and - prepares students for gainful employment in a recognized occupation | | | |
| 1g. | <p>Graduate Admission Programs</p> <p>An educational program that is acceptable for admission to a graduate or professional degree program, for which your institution awards a degree subject to review and approval by the Secretary.</p> | | | Visible to Domestic Schools |
| 1h. | <p>Two-Year Transfer Program</p> <p>An educational program that is acceptable for full credit toward a Bachelor’s Degree AND for which a degree, certificate, diploma, or other educational credential is not awarded by your institution.</p> | | | |
| 1i. | <p>Undergraduate Non-Degree Programs</p> <p>An educational program that:</p> <ul style="list-style-type: none"> - leads to a certificate or other recognized educational credential, - is at least 15 weeks, - provides at least 16 semester or trimester credit hours, 24 quarter credit hours, or 600 clock hours of instruction, and - prepares students for gainful employment in a recognized occupation | | | Visible to Domestic Schools |

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| 1j. | <p>Undergraduate Non-Degree Programs (Requires enrolling students to have an Associate's Degree or Higher)</p> <p>An educational program that:</p> <ul style="list-style-type: none"> - leads to a certificate or other recognized educational credential, - is at least 10 weeks, - provides at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction, - prepares students for gainful employment in a recognized occupation, - AND requires an enrolling regular student to have an associate's degree or higher | | | |
| 1k. | <p>Undergraduate Non-Degree (Short-Term) Programs</p> <p>An educational program that:</p> <ul style="list-style-type: none"> - leads to a certificate or other recognized educational credential, - is at least 10 weeks, - provides at least 300 but not more than 599 clock hours of instruction, - does not exceed by more than 50% the minimum number of clock hours established by the state for such training programs, - has been provided for at least one year, - prepare students for gainful employment in a recognized occupation. | | | Visible to Domestic Schools |
| 1l. | <p>Postbaccalaureate Teacher Certification Program</p> <p>An educational program consisting of courses required by a state that are necessary to become a teacher in an elementary or secondary school in that state AND for which a degree, certificate, diploma,</p> | | | |

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| | or other educational credential is not awarded by your institution. <u>See</u> 34 C.F.R. 690.6. | | | |
| 1m. | <p>Comprehensive Transition and Postsecondary Program</p> <p>A degree, certificate, nondegree, or noncertificate educational program designed to support students with intellectual disabilities seeking to prepare for gainful employment.</p> | | | Visible to Domestic Schools |
| 1n. | <p>Does your institution have a flight program?</p> <p>An educational program for which the school must receive FAA Certification. This program must be included when reporting Program types above, and in the Educational Program Summary.</p> | | | Visible to Domestic Schools |
| | FAA 141 Certification Number | Number | Autopopulated | Domestic Only |
| | FAA Certificate Expiration Date | Date | Autopopulated | Domestic Only |
| 1. | Check each box below that describes the educational program(s) you provide as of the date you submit this application, or that you will provide during the current award year. Provide information only on the program(s) that you wish to be eligible for federal student financial aid. (You may check more than one box.) | Each Field below will be a checkbox | Autopopulated if populated | Visible to Foreign Schools |
| 1a. | <p>Associate Degree Programs</p> <p>An educational program of at least two years of academic study in an academic or occupational field culminating in the receipt of an Associate Degree. Associate degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Associate of Arts (AA) - Associate of Applied Science (AAS) | | | Visible to Foreign Schools |

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| | <ul style="list-style-type: none"> - Associate of Occupational Science (AOS) - Associate of Science (AS) | | | |
| 1b. | <p>Bachelor's Degree Programs An educational program of at least four years of college-level work in an academic or occupational field culminating in the receipt of a Bachelor's Degree. Bachelor's degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Bachelor of Arts (BA) - Bachelor of Science (BS) | | | Visible to Foreign Schools |
| 1c. | <p>Master's Degree Programs An educational program of one or two years of postgraduate study in a graduate school or department culminating in the receipt of a Master's Degree. Master's degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Master of Arts (MA) - Master of Science (MS) - Master of Social Work (MSW) | | | Visible to Foreign Schools |
| 1d. | <p>Doctoral Degree Programs An educational program of three or more years of postgraduate study for the completion of advanced graduate or professional studies in the humanities, the social sciences, the behavioral sciences, or the pure sciences beyond the master's level, culminating in the receipt of a research Doctoral Degree. Doctoral degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Doctor of Philosophy (PhD) - Doctor of Theology (ThD) - Doctor of Engineering (EngD) - Doctor of Education (EdD) | | | Visible to Foreign Schools |
| 1e. | <p>Professional Degree Program</p> | | | Visible to |

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| | <p>An educational program culminating in receipt of a degree awarded by an institution to an entry-level professional in certain occupational fields. Although sometimes called doctoral degrees, professional degrees differ from research doctorates in that they do not include a required component of original research or a demonstration of expertise in a field beyond what is required to qualify for basic licensing examinations. Professional degrees may be awarded in such fields as:</p> <p>Chiropractic, dentistry, divinity/ministry, law, medicine, optometry, osteopathic medicine, pharmacy, podiatry, rabbinical and Talmudic studies, and veterinary medicine.</p> | | | Foreign Schools |
| 1f. | <p>Graduate or Professional Non-degree Programs</p> <p>An educational program above the baccalaureate level that</p> <ul style="list-style-type: none"> - leads to a non-degree certificate or other recognized educational credential, - is at least 10 weeks, - provides at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction, and - prepares students for gainful employment in a recognized occupation | | | Visible to Foreign Schools |
| 1g. | <p>Two Year Transfer Program</p> <p>An educational program that is acceptable for full credit toward a Bachelor's Degree AND for which a degree, certificate, diploma, or other educational credential is not awarded by your institution.</p> | | | Visible to Foreign Schools |
| 1h. | <p>Undergraduate Non-Degree Programs that:</p> <ul style="list-style-type: none"> - Lead to a certificate or other recognized educational credential, - Prepare students for gainful employment in a recognized occupation, | | | Visible to Foreign Schools |

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| | - Are at least (1) academic year in length | | | |
| 2. | Provide information for each Associate Degree program for which you are requesting approval for federal student financial aid eligibility. | N/A | N/A | |
| | Name of Program | Text | Autopopulated | |
| | Classification of Instructional Programs (CIP) Code (searchable) | Lookup | Autopopulated | |
| | Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program. | Text | Autopopulated | |
| | Date First Provided | Date | Autopopulated | |
| | Number of Weeks | Number | Autopopulated | |
| | Clock Hours (number of hours) of instruction | Number | Autopopulated | |
| | Number of Credit Hours | Number (XXX.XX) | Autopopulated | |
| | Type of Credit Hours (select one) | Picklist Semester Trimester Quarter | Autopopulated | |
| | How is this program delivered? (<i>Check all that apply</i>). You must select "direct assessment" if student progress is measured, in whole or in part, in the program using direct assessment. If you check "direct assessment," you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the | Multi-select Picklist Classroom Distance Education Correspondence Independent Study Direct Assessment | | |

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| | program.” | | | |
| | <p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p> | Picklist (Yes, No) | Autopopulated | Domestic and Foreign |
| Ineligible Contract Table | Provide the percentage of the program provided by the entity or ineligible institution of higher education. | Percentage | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program. | N/A | N/A | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible | Corporation Name, if Applicable | Text | Autopopulated | Visible if “...Do |

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| Contract Table | | | | you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Former OPEID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated or opeid address | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | What is the name of this owner, person, or entity? | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible | Did this ineligible institution or entity withdraw from participating in federal student financial aid | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a |

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| Contract Table | programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education? | | | written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Contract Effective Date | Date | | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| | Does any owner, person, or related entity of your institution own or control any portion or serve as a director or an executive officer | | | |
| Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program | Contract End Date | Date | | only visible when editing |
| | Program End Date | Date | | only visible when editing |
| | Enter the explanation as to why this is end date is more than 30 days in the future | Date | N/A | Visible when End Date is more than 30 days in the future |
| 3. Educational Program Details Table | Provide information for each Bachelor's Degree program for which you are requesting approval for federal student financial aid eligibility. | | | |
| | Name of Program | Text | | |

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| | Classification of Instructional Programs (CIP) Code (searchable) | Lookup | | |
| | Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program. | Text | | |
| | Date First Provided | Date | | |
| | Number of Weeks | Number | | |
| | Clock Hours (number of hours) of instruction | Number | | |
| | Number of Credit Hours | Number | | |
| | Type of Credit Hours (select one) | Picklist Semester Trimester Quarter | | |
| | How is this program delivered? (<i>Check all that apply</i>). You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.” | Multi-select Picklist Classroom Distance Education Correspondence Independent Study Direct Assessment | | |
| | Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program? | Picklist (Yes, No) | Autopopulated | Domestic and Foreign |

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| | You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency. | | | |
| Ineligible Contract Table | Provide the percentage of the program provided by the entity or ineligible institution of higher education. | Percentage | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program. | N/A | N/A | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Corporation Name, if Applicable | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract | Former OPE ID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if "...Do you have a written |

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| Table | | | | agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Contract Effective Date | Date | | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program | Contract End Date | Date | | only visible when editing |
| | Program End Date | Date | | only visible when editing |
| | Enter the explanation as to why this is end date is more than 30 days in the future | Date | N/A | Visible when End Date is more than 30 days in the future |
| 4. Educational Program Details Table | Provide information for each Master's Degree program for which you are requesting approval for federal student financial aid eligibility. | | | |
| | Name of Program | Text | | |
| | Classification of Instructional Programs (CIP) Code (searchable) | Lookup | | |
| | Standard Occupational Classification (SOC) Code | Text | | |
| | Institutions must enter at least 1 and may enter up | | | |

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| | to 10 SOC codes for each program. | | | |
| | Date First Provided | Date | | |
| | Number of Weeks | Number | | |
| | Clock Hours (number of hours) of instruction | Number | | |
| | Number of Credit Hours | Number | | |
| | Type of Credit Hours (select one) | Picklist Semester Trimester Quarter | | |
| | <p>How is this program delivered? (<i>Check all that apply</i>).</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p> | <p>Multi-select Picklist</p> <p>Classroom</p> <p>Distance Education</p> <p>Correspondence</p> <p>Independent Study</p> <p>Direct Assessment</p> | | |
| | <p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p> | Picklist (Yes, No) | Autopopulated | Domestic and Foreign |

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| Ineligible Contract Table | Provide the percentage of the program provided by the entity or ineligible institution of higher education. | Percentage | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program. | N/A | N/A | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Corporation Name, if Applicable | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Former OPE ID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = |

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| | | | | yes |
| Ineligible Contract Table | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated or opeid address | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | What is the name of this owner, person, or entity? | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Did this ineligible institution or entity withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Contract Effective Date | Date | | Visible if "...Do you have a written agreement...with an ineligible institution ..." = |

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| | | | | yes |
| Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program | Contract End Date | Date | | only visible when editing |
| | Program End Date | Date | | only visible when editing |
| | Enter the explanation as to why this is end date is more than 30 days in the future | Date | N/A | Visible when End Date is more than 30 days in the future |
| 5. Educational Program Details Table | Provide information for each Doctoral Degree program for which you are requesting approval for federal student financial aid eligibility. | | | |
| | Name of Program | Text | | |
| | Classification of Instructional Programs (CIP) Code (searchable) | Lookup | | |
| | Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program. | Text | | |
| | Date First Provided | Date | | |
| | Number of Weeks | Number | | |
| | Clock Hours (number of hours) of instruction | Number | | |
| | Number of Credit Hours | Number | | |
| | Type of Credit Hours (select one) | Picklist Semester Trimester | | |

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| | | Quarter | | |
| | <p>How is this program delivered?</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p> | <p>Multi-select Picklist</p> <p>Classroom</p> <p>Distance Education</p> <p>Correspondence</p> <p>Independent Study</p> <p>Direct Assessment</p> | | |
| | <p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p> | Picklist (Yes, No) | Autopopulated | Domestic and Foreign |
| Ineligible Contract Table | Provide the percentage of the program provided by the entity or ineligible institution of higher education. | Percentage | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract | Provide the name of each ineligible institution or entity that you contract with to provide any portion | N/A | N/A | Visible if “...Do you have a |

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| Table | of this program. | | | written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Corporation Name, if Applicable | Text | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Former OPE ID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated or opeid address | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible | Does any owner, person, or related entity of your | Picklist, Yes/No | Autopopulated | Visible if “...Do |

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| Contract Table | institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity? | | | you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | What is the name of this owner, person, or entity? | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Did this ineligible institution or entity withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Contract Effective Date | Date | | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program | Contract End Date | Date | | only visible when editing |

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| | Program End Date | Date | | only visible when editing |
| | Enter the explanation as to why this is end date is more than 30 days in the future | Date | N/A | Visible when End Date is more than 30 days in the future |
| 6. Educational Program Details Table | Provide information for each Professional Degree program for which you are requesting approval for federal student financial aid eligibility. | | | |
| | Name of Program | Text | | |
| | Classification of Instructional Programs (CIP) Code (searchable) | Lookup | | |
| | Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program. | Text | | |
| | Date First Provided | Date | | |
| | Number of Weeks | Number | | |
| | Clock Hours (number of hours) of instruction | Number | | |
| | Number of Credit Hours | Number | | |
| | Type of Credit Hours (select one) | Picklist Semester Trimester Quarter | | |
| | How is this program delivered? (<i>Check all that apply</i>). You must select "direct assessment" if student progress is measured, in whole or in part, in the program using direct assessment. If you check "direct assessment," you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your | Multi-select Picklist Classroom Distance Education Correspondence Independent Study Direct Assessment | | |

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| | accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.” | | | |
| | <p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p> | Picklist (Yes, No) | Autopopulated | Domestic and Foreign |
| Ineligible Contract Table | Provide the percentage of the program provided by the entity or ineligible institution of higher education. | Percentage | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program. | N/A | N/A | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = |

Application to Participate in Federal Student Financial Aid Programs

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| | | | | yes |
| Ineligible Contract Table | Corporation Name, if Applicable | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Former OPE ID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated or opeid address | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | What is the name of this owner, person, or entity? | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = |

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| | | | | yes |
| Ineligible Contract Table | Did this ineligible institution or entity withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| | | | | |
| Ineligible Contract Table | Contract Effective Date | Date | | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program | Contract End Date | Date | | only visible when editing |
| | Program End Date | Date | | only visible when editing |
| 7. Educationl Program Details Table | Provide information for each Graduate or Professional Non-Degree program for which you are requesting approval for federal student financial aid. | | | |
| | Name of Program | Text | | |
| | Classification of Instructional Programs (CIP) Code (searchable) | Lookup | | |
| | Standard Occupational Classification (SOC) Code | Text | | |

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| | Institutions must enter at least 1 and may enter up to 10 SOC codes for each program. | | | |
| | Date First Provided | Date | | |
| | Number of Weeks | Number | | |
| | Clock Hours (number of hours) of instruction | Number | | |
| | Number of Credit Hours | Number | | |
| | Type of Credit Hours (select one) | Picklist Semester Trimester Quarter | | |
| | <p>How is this program delivered? (<i>Check all that apply</i>).</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p> | <p>Multi-select Picklist</p> <p>Classroom</p> <p>Distance Education</p> <p>Correspondence</p> <p>Independent Study</p> <p>Direct Assessment</p> | | |
| | <p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement</p> | Picklist (Yes, No) | Autopopulated | Domestic and Foreign |

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| | from your accrediting agency and State authorizing agency. | | | |
| Ineligible Contract Table | Provide the percentage of the program provided by the entity or ineligible institution of higher education. | Percentage | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program. | N/A | N/A | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Corporation Name, if Applicable | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Former OPE ID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |

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| | | | | institution ..." = yes |
| Ineligible Contract Table | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated or opeid address | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | What is the name of this owner, person, or entity? | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Did this ineligible institution or entity withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Contract Effective Date | Date | | Visible if "...Do you have a written agreement...with an ineligible institution ..." = |

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| | | | | yes |
| Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program | Contract End Date | Date | | only visible when editing |
| | Program End Date | Date | | only visible when editing |
| 8. Educational Program Details Table | Provide information for each Graduate Admission program for which you are requesting approval for federal student financial aid eligibility. | 11 | | |
| | Name of Program | Text | | |
| | Classification of Instructional Programs (CIP) Code (searchable) | Lookup | | |
| | Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program. | Text | | |
| | Date First Provided | Date | | |
| | Number of Weeks | Number | | |
| | Clock Hours (number of hours) of instruction | Number | | |
| | Number of Credit Hours | Number | | |
| | Type of Credit Hours (select one) | Picklist Semester Trimester Quarter | | |
| | How is this program delivered? (<i>Check all that apply</i>). You must select "direct assessment" if student | Multi-select Picklist Classroom Distance Education Correspondence | | |

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| | <p>progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p> | <p>Independent Study Direct Assessment</p> | | |
| | <p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p> | <p>Picklist (Yes, No)</p> | <p>Autopopulated</p> | <p>Domestic and Foreign</p> |
| <p>Ineligible Contract Table</p> | <p>Provide the percentage of the program provided by the entity or ineligible institution of higher education.</p> | <p>Percentage</p> | <p>Autopopulated</p> | <p>Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes</p> |
| <p>Ineligible Contract Table</p> | <p>Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.</p> | <p>N/A</p> | <p>N/A</p> | <p>Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes</p> |

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| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Corporation Name, if Applicable | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Former OPE ID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated or opeid address | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract | What is the name of this owner, person, or entity? | Text | Autopopulated | Visible if "...Do |

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| Table | | | | you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Did this ineligible institution or entity withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Contract Effective Date | Date | | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program | Contract End Date | Date | | only visible when editing |
| | Program End Date | Date | | only visible when editing |
| 9. Educational Program Details Table | Provide information for each Two-Year Transfer program for which you are requesting approval for federal student aid eligibility. | | | |
| | Name of Program | Text | | |
| | Classification of Instructional Programs (CIP) Code | Lookup | | |

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| | (searchable) | | | |
| | <p>Standard Occupational Classification (SOC) Code</p> <p>Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.</p> | Text | | |
| | Date First Provided | Date | | |
| | Number of Weeks | Number | | |
| | Clock Hours (number of hours) of instruction | Number | | |
| | Number of Credit Hours | Number | | |
| | Type of Credit Hours (select one) | Picklist Semester Trimester Quarter | | |
| | <p>How is this program delivered? (<i>Check all that apply</i>).</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p> | Multi-select Picklist Classroom Distance Education Correspondence Independent Study Direct Assessment | | |
| | <p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement</p> | Picklist (Yes, No) | Autopopulated | Domestic and Foreign |

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| | with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency. | | | |
| Ineligible Contract Table | Provide the percentage of the program provided by the entity or ineligible institution of higher education. | Percentage | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program. | N/A | N/A | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Corporation Name, if Applicable | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Former OPE ID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if "...Do you have a |

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| | | | | written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated or opeid address | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity? | Picklist, Yes/No | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | What is the name of this owner, person, or entity? | Text | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Did this ineligible institution or entity withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education? | Picklist, Yes/No | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Contract Effective Date | Date | | Visible if “...Do you have a written |

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| | | | | agreement...with an ineligible institution ...” = yes |
| Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program | Contract End Date | Date | | only visible when editing |
| | Program End Date | Date | | only visible when editing |
| | Enter the explanation as to why this is end date is more than 30 days in the future | Date | N/A | Visible when End Date is more than 30 days in the future |
| 10. Educational Program Details Table | Provide information for each Undergraduate Non-Degree program for which you are requesting approval for federal student financial aid eligibility. | | | |
| | Name of Program | Text | | |
| | Classification of Instructional Programs (CIP) Code (searchable) | Lookup | | |
| | Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program. | Text | | |
| | Date First Provided | Date | | |
| | Number of Weeks | Number | | |
| | Clock Hours (number of hours) of instruction | Number | | |
| | Number of Credit Hours | Number | | |

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| | Type of Credit Hours (select one) | Picklist Semester Trimester Quarter | | |
| | Is each course within the program acceptable for full credit toward your associate or higher degree? | Picklist (Yes/No) | Autopopulated | Visible to Domestic Schools Only |
| | How is this program delivered? (<i>Check all that apply</i>). You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.” | Multi-select Picklist Classroom Distance Education Correspondence Independent Study Direct Assessment | M | |
| | Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program? You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency. | Picklist (Yes, No) | Autopopulated | Domestic and Foreign |
| Ineligible Contract Table | Provide the percentage of the program provided by the entity or ineligible institution of higher | Percentage | Autopopulated | Visible if “...Do you have a |

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| | education. | | | written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program. | N/A | N/A | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Corporation Name, if Applicable | Text | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Former OPE ID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |

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| Ineligible Contract Table | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated or opeid address | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | What is the name of this owner, person, or entity? | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Did this ineligible institution or entity withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
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| Ineligible Contract Table | Contract Effective Date | Date | | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |

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| Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program | Contract End Date | Date | | only visible when editing |
| | Program End Date | Date | | only visible when editing |
| 11. Educational Program Details Table | Provide information for each Undergraduate (Short-Term) Non-Degree program for which you are requesting approval for federal student financial aid eligibility. | | | |
| | Name of Program | Text | | |
| | Classification of Instructional Programs (CIP) Code (searchable) | Lookup | | |
| | Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program. | Text | | |
| | Date First Provided | Date | | |
| | Number of Weeks | Number | | |
| | Clock Hours (number of hours) of instruction | Number | | |
| | Maximum number of clock hours authorized by the state licensing agency | Number | | |
| | Provide the completion rate and the placement rate for your most recently completed award year. Help Text: The regulations regarding the calculation of completion and placement rates | N/A | N/A | Visible for Domestic Only |

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| | can be found at 34 C.F.R. § 668.8(f) and 34 C.F.R. § 668.8(g). | | | |
| | Completion Rate | Percentage | Autopopulated | Visible for Domestic Only |
| | Placement Rate | Percentage | Autopopulated | Visible for Domestic Only |
| | <p>How is this program delivered? (<i>Check all that apply</i>).</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p> | <p>Multi-select Picklist</p> <p>Classroom</p> <p>Distance Education</p> <p>Correspondence</p> <p>Independent Study</p> <p>Direct Assessment</p> | | Visible for Domestic Only |
| | <p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p> | Picklist (Yes, No) | Autopopulated | Domestic and Foreign |
| Ineligible Contract Table | Provide the percentage of the program provided by the entity or ineligible institution of higher | Percentage | Autopopulated | Visible if “...Do you have a |

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| | education? | | | written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program. | N/A | N/A | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| | | | | |
| Ineligible Contract Table | Corporation Name, if Applicable | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Former OPE ID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated or opeid | Visible if "...Do you have a |

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| | | | address | written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity? | Picklist, Yes/No | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | What is the name of this owner, person, or entity? | Text | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Did this ineligible institution or entity withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education? | Picklist, Yes/No | Autopopulated | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Ineligible Contract Table | Contract Effective Date | Date | | Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes |
| Once the user completes above questions, an entry | Contract End Date | Date | | only visible when editing |

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| will be added to the Educational Program Details Table for that degree program | | | | |
| | Program End Date | Date | | only visible when editing |
| | Enter the explanation as to why this is end date is more than 30 days in the future | Date | N/A | Visible when End Date is more than 30 days in the future |
| 12. Educational Program Details Table | Provide information for each Postbaccalaureate Teacher Certification program that you would like to be eligible for federal student financial aid. - | | | |
| | Name of Program | Text | | |
| | Classification of Instructional Programs (CIP) Code (searchable) | Lookup | | |
| | Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program. | Text | | |
| | Date First Provided | Date | | |
| | Number of Weeks | Number | | |
| | Clock Hours (number of hours) of instruction | Number | | |
| | Number of Credit Hours | Number | | |
| | Type of Credit Hours (select one) | Picklist Semester Trimester Quarter | | |
| | How is this program delivered? (<i>Check all that apply</i>). You must select "direct assessment" if student | Multi-select Picklist Classroom Distance Education Correspondence | | |

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| | <p>progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p> | <p>Independent Study Direct Assessment</p> | | |
| | <p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p> | <p>Picklist (Yes, No)</p> | <p>Autopopulated</p> | <p>Domestic and Foreign</p> |
| <p>Ineligible Contract Table</p> | <p>Provide the percentage of the program provided by the entity or ineligible institution of higher education?</p> | <p>Percentage</p> | <p>Autopopulated</p> | <p>Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes</p> |
| <p>Ineligible Contract Table</p> | <p>Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.</p> | <p>N/A</p> | <p>N/A</p> | <p>Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes</p> |

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|---------------------------|--|------------------|--------------------------------|--|
| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Corporation Name, if Applicable | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Former OPE ID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated or opeid address | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract | What is the name of this owner, person, or entity? | Text | Autopopulated | Visible if "...Do |

Application to Participate in Federal Student Financial Aid Programs

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| Table | | | | you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Did this ineligible institution or entity withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Contract Effective Date | Date | | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program | Contract End Date | Date | | only visible when editing |
| | Program End Date | Date | | only visible when editing |
| | Enter the explanation as to why this is end date is more than 30 days in the future | Date | N/A | Visible when End Date is more than 30 days in the future |

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| <p>13. Educational Program Details Table</p> | <p>Provide information for each Comprehensive Transition and Postsecondary Program for which you are requesting approval for federal student financial aid eligibility.</p> <p>An institution that offers a comprehensive transition and postsecondary program must apply to the Secretary to have the program determined to be an eligible program. The institution applies under the provisions in 34 CFR 600.20 for adding an educational program, and must include in its application:</p> <p>(a) A detailed description of the comprehensive transition and postsecondary program that addresses all of the components of the program, as defined in 34 CFR 668.231;</p> <p>(b) The institution's policy for determining whether a student enrolled in the program is making satisfactory academic progress;</p> <p>(c) The number of weeks of instructional time and the number of semester or quarter credit hours or clock hours in the program, including the equivalent credit or clock hours associated with noncredit or reduced credit courses or activities;</p> <p>(d) A description of the educational credential offered (<i>e.g.</i>, degree or certificate) or identified outcome or outcomes established by the institution for all students enrolled in the program;</p> <p>(e) A copy of the letter or notice sent to the institution's accrediting agency informing the agency of its comprehensive transition and postsecondary program. The letter or notice must include a description of the items in paragraphs (a) through (d) above and any other information the Secretary may require.</p> | | | |
| | <p>Name of Program</p> | <p>Text</p> | | |
| | <p>Classification of Instructional Programs (CIP) Code</p> | <p>Lookup</p> | | |

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| | (searchable) | | | |
| | <p>Standard Occupational Classification (SOC) Code</p> <p>Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.</p> | Text | | |
| | Date First Provided | Date | | |
| | Number of Weeks | Number | | |
| | Clock Hours (number of hours) of instruction | Number | | |
| | Number of Credit Hours | Number | | |
| | Type of Credit Hours (select one) | Picklist Semester Trimester Quarter | | |
| | <p>How is this program delivered? (<i>Check all that apply</i>).</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p> | Multi-select Picklist Classroom Distance Education Correspondence Independent Study Direct Assessment | | Visible to Domestic Schools Only |
| | <p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement</p> | Picklist (Yes, No) | Autopopulated | Domestic and Foreign |

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| | with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency. | | | |
| Ineligible Contract Table | Provide the percentage of the program provided by the entity or ineligible institution of higher education? | Percentage | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program. | N/A | N/A | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Name of ineligible institution or entity | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Corporation Name, if Applicable | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Former OPE ID number of the ineligible institution, if applicable | Number | Autopopulated | Visible if "...Do you have a |

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|---------------------------|--|------------------|--------------------------------|--|
| | | | | written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated or opeid address | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | What is the name of this owner, person, or entity? | Text | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| Ineligible Contract Table | Did this ineligible institution or entity withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education? | Picklist, Yes/No | Autopopulated | Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes |
| | | | | |
| Ineligible Contract Table | Contract Effective Date | Date | | Visible if "...Do you have a |

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| | | | | written agreement...with an ineligible institution ...” = yes |
| Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program | Contract End Date | Date | | only visible when editing |
| | Program End Date | Date | | only visible when editing |
| | Enter the explanation as to why this is end date is more than 30 days in the future | Date | N/A | Visible when End Date is more than 30 days in the future |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution’s Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a |

Application to Participate in Federal Student Financial Aid Programs

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Section H: Additional Factors & Details

| Question # | Text | Field Type | Automation | Visibility |
|------------|--|-------------------|---------------|--|
| 1. | Are any of your programs offered in whole or in part by distance education? | Picklist (Yes/No) | Autopopulated | |
| 2. | Are any of your programs offered in whole or in part by correspondence? | Picklist (Yes/No) | Autopopulated | |
| | The Title IV Award Year runs from July 1 through June 30. The “Most Recently Completed Award Year” is the most recently completed 12-month period that began with July 1 and ended with the most recently past June 30. | N/A | N/A | |
| 2a. | For the most recently completed award year, were more than 50% of your courses taught by means of correspondence? (See C.F.R. 600.7 and 668.38) | Picklist (Yes/No) | Autopopulated | |
| 2b. | For the most recently completed award year, were 50% or more of your regular students enrolled in correspondence courses? (See C.F.R. 600.7 and 668.38) | Picklist (Yes/No) | Autopopulated | |
| 3. | For the most recently completed award year, were more than 50% of your regular students ability-to-benefit students? (See 34 C.F.R. 600.7 and 668.32(e)(2-3,5)) | Picklist (Yes/No) | Autopopulated | |
| 4. | For the most recently completed award year, were more than 25% of your regular students incarcerated? (See 34 C.F.R. 600.7) | Picklist (Yes/No) | Autopopulated | |
| 5. | Tell us on what date you were both legally authorized to provide and began continuously providing the education or training program(s) for which you are seeking eligibility. | Date | Autopopulated | Visible when Application Purpose = Initial or Designated as Eligible |

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| 6. | How many full-time equivalent (FTE) financial aid staff members do you have? | N/A | N/A | |
| 6a. | Administrative, counselors, or other professionals | Number | N/A | Visible when if application purpose = Initial, Reinstatement, Structure Changes and/or Change in Ownership, Merging of OPEIDs with the same Ownership Structure |
| 6b. | Clerical | Number | N/A | Visible when if application purpose = Initial, Reinstatement, Structure Changes and/or Change in Ownership, Merging of OPEIDs with the same Ownership Structure |
| 7. | How many regular students do you estimate would be eligible to receive federal student financial aid for the remainder of the current award year and for each of the next two award years if you become eligible to participate in federal student financial aid programs? | N/A | N/A | |
| 7a. | Estimated number for the remainder of the current award year | Number | N/A | |

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| 7b. | Estimated number for the next award year | Number | N/A | |
| 7c. | Estimated number for the award year following the next award year | Number | N/A | |
| 8. | Provide the following information about your regular students. (If a student drops out and then reenrolls, count the student each time.) | N/A | N/A | Visible only during required conditions |
| 8a. | How many regular students were enrolled at your institution during the most recently completed award year? | Number | N/A | Visible when Application Purpose = Initial, Reinstatement, or Designated as Eligible Non-Participating Institution |
| 8b. | How many of the regular students enrolled during your most recently completed award year (entered above) withdrew from, dropped out of, or were expelled from the institution during the 100% refund period and received the refund? | Number | N/A | Visible when Application Purpose = Initial, Reinstatement, or Designated as Eligible Non-Participating Institution |
| 8c. | How many of the regular students enrolled during your most recently completed award year (entered above) withdrew from, dropped out of, or were expelled from the institution after the 100% refund period? | Number | N/A | Visible when Application Purpose = Initial, Reinstatement, or Designated as Eligible Non-Participating Institution |
| 9. | For each program, check here if you have provided the program continuously for at least the most recent 24 months. | Checkbox | N/A | Visible if Partner indicated they have vocational |

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| | | | | (non-degree) programs |
| | <p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p> | Text | N/A | |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

Section J: Third-Party Servicer

| Question # | Text | Field Type | Automations | Visibility |
|----------------------------|--|------------|-------------|------------|
| Third Party Servicer Table | Provide information for all Third-Party Servicer with whom you contract to perform any aspect of the institution's responsibilities under the Title IV, HEA programs. Do not report independent auditors or ATB providers in this section. | N/A | N/A | |

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| 1. | <p>Before completing this section, make sure to contact your Third-Party Servicer first to verify the following information:</p> <ul style="list-style-type: none"> • Third-Party Servicer’s Legal Name • Third-Party Servicer’s Address • Contact Information of the CEO/COO/President • Contracted Services <p>To search for your Third-Party Servicer, enter your servicer's name in the box below. If your Third-Party Servicer is not found, provide your servicer's name and contact information.</p> | Servicer Lookup | Autopopulated | |
| | <p>Here is the information concerning the TPS you have selected:</p> <p>DJS Financial Aid Services, Inc. 123 Kellogg Drive Wichita, KS 67213</p> <p>Deborah Amn Smith, President (800) 242-9999 • Fax: (316) 777-9999 E-mail: debbiesmith@djs.com</p> | N/A | N/A | Visible once Partner has selected their Servicer – data cannot be edited |
| | Third-Party Servicer Legal Name or Company’s Legal Name | Text | Autopopulated | |
| | Third Party Servicer Name d/b/a | Text | Autopopulated | |
| | TPS ID | Number | Autopopulated | Visible when School is editing an exiting TPS relationship |
| | Partner Connect ID | Number | Autopopulated | |
| | Provide the following information for your Third-Party Servicer's CEO/COO/President. Contact your Third-Party Servicer to obtain this information. | N/A | N/A | |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | |

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| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated with Production account answer or preliminary account information | |
| | E-mail Address | Text | Autopopulated | |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | |
| | International Fax Number | Number | Autopopulated | |
| | Fax Number Extension | Number | Autopopulated | |
| Services Provided Table | Select the service(s) performed by your Third-Party Servicer. Select all of the primary and specific service(s) that apply. If you do not see a service in the list provided, select "Other" and provide an explanation of the functions or service(s) performed by your Third-Party Servicer. | Text Display | N/A | |
| 2. | Main Service | Picklist | Autopopulated | |
| 2a. | Specific Service | Picklist | | |

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| | | | | |
| Services Provided Table | If you chose "Other" above, please describe the services provided | Text | Autopopulated with Production Answer | |
| Services Provided Table | Effective Date | Date | Autopopulated with Production Answer | |
| Services Provided Table | End Date | Date | | |
| | Enter the date this Third-Party Servicer began performing functions/services on behalf of your institution | N/A | | |
| | Effective Date | Date | Autopopulated | |
| | <p>If you no longer have a contract with this Third-Party Servicer, provide the date the contract ended or will end below.</p> <p>Only enter an end date if the contract with this Third- Party Servicer has ended.</p> <p>Do not enter an end date if the services provided have changed and/or your contact at the Third-Party Servicer has changed. In these instances, update the services provided. Contact the Third-Party Servicer Oversight Group if your contact person or the address of your Third-Party Servicer has changed.</p> | N/A | Autopopulated | |
| Once User completes above questions, a new TPS entry will be added to the | End Date | Date | Autopopulated | only visible when editing |

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| Table | | | | |
| | <p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p> | Text | N/A | |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

Section K: Ability to Benefit

| Question # | Text | Field Type | Automations | Visibility |
|------------|---|--------------------|---------------|-------------|
| 1. | Do you use an ability to benefit test for students who do not | Picklist (Yes, No) | Autopopulated | Visible for |

Application to Participate in Federal Student Financial Aid Programs

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| | have a high school diploma or its recognized equivalent? | | | Domestic Schools Only |
| 1a. | Select the ability to benefit test(s) administered. Contact FSA if your ability to benefit test is not identified in this list. | <p>Picklist (multi-select)</p> <p>Wonderlic Basic Skills Test (WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Paper Test</p> <p>Wonderlic Basic Skills Test (WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Online Test</p> <p>Spanish Wonderlic Basic Skills Test (Spanish WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Paper Test</p> <p>Spanish Wonderlic Basic Skills Test (Spanish WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Online Test</p> <p>Combined English Language Skills Assessment (CELSA), Forms 1 and 2.</p> <p>ACCUPLACER Computer-adaptive tests (Reading Test, Writing Test, and Arithmetic Test)</p> <p>COMPANION ACCUPLACER Forms J and K (Reading Test, Writing Test, and Arithmetic Test)</p> <p>Texas Success Initiative (TSI) Assessment Computer-adaptive tests (Reading Placement Test, Writing Placement Test, and Arithmetic Placement Test)</p> <p>COMPANION TSI Forms T and V (Reading Placement Test, Writing Placement Test, and Arithmetic Placement Test)</p> | Autopopulated | Visible for Domestic 1. = yes |
| 1b. Ability to Benefit Testers Table for each Test Selected | Provide the name and address of your ATB Test Administrator(s) | N/A | N/A | Visible for Domestic Schools Only 1. = yes |

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| | Name of Test Administrator | Text | Autopopulated | Visible for Domestic Schools Only 1. = yes |
| | Prefix, First Name, Middle Name, Last Name, Suffix | | Autopopulated | Visible when entering ATB Tester |
| | E-mail Address | Text | Autopopulated | Visible when entering ATB Tester |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when entering ATB Tester |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when entering ATB Tester and USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when entering ATB Tester and Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | Visible when entering ATB Tester |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when entering ATB Tester and |

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| | | | | USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when entering ATB Tester and Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | Visible when entering ATB Tester |
| | Tester End date | date | Autopopulated | Visible when editing a tester entry |
| 2. | Do you admit and enroll students through an eligible career pathway program? | Picklist (yes, no) | | Visible for Domestic Schools Only 1. = yes |
| | <p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p> | Text | N/A | |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |

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| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

Section L: Administrative Capability

| Question # | Text | Field Type | Automations | Visibility |
|------------|--|--------------------|-------------|------------|
| 1. | Do you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations? (See 34 CFR 668.16) | Picklist (Yes, No) | N/A | |
| | Please provide an explanation | Text | N/A | |
| 2. | Do you divide the functions of determining student awards and disbursing funds that result from those award decisions? (See 34 CFR 668.16). | Picklist (Yes, No) | N/A | |
| | Please provide an explanation | Text | N/A | |
| 3. | Do you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial aid office award data? (See 34 CFR 668.14, 668.16, 668.24, 674.19, 675.19, 676.19, 685.300 and 690.81) | Picklist (Yes, No) | N/A | |
| | Please provide an explanation | Text | N/A | |
| 4. | Do you have a system to identify and resolve discrepancies in information you receive from various sources about a | Picklist (Yes, No) | N/A | |

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| | student's application for financial aid? (See 34 CFR 668.16). | | | |
| | Please provide an explanation | Text | N/A | |
| 5. | Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need immediately to make aid disbursements to students? (See 34 CFR 668.162) | Picklist (Yes, No) | N/A | |
| | Please provide an explanation | Text | N/A | |
| 6. | Do you have a policy that meets federal regulations for requiring satisfactory academic progress for recipients of federal student financial aid? (See 34 CFR 668.16 and 668.34). | Picklist (Yes, No) | N/A | |
| | Please provide an explanation | Text | N/A | |
| 7. | Do you have a policy that meets federal regulations for returning Title IV funds when a student withdraws from classes? (See 34 CFR 668.22). | Picklist (Yes, No) | N/A | |
| | Please provide an explanation | Text | N/A | |
| 8. | Have you submitted your required annual financial statement audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual financial statement audit to us on time?) (See 34 CFR 668.23) | Picklist (Yes, No) | N/A | |
| | Please provide an explanation | Text | N/A | |
| 9. | Have you submitted your required annual federal student financial aid compliance audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual federal student financial aid compliance audit to us on time?) (See 34 CFR 668.23) | Picklist (Yes, No) | N/A | |
| | Please provide an explanation | Text | N/A | |
| 10. | Do you have a process to ensure you obtain the necessary approvals from the Department for expanding or re-establishing your institutional eligibility, (such as changes of | Picklist (Yes, No) | N/A | |

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| | ownership resulting in a change of control, excluded changes in ownership, or adding new locations in certain circumstances), and that you notify us within 10 days about other important changes (such as changing your name, address or official)? (See 34 CFR 600.10, 600.20, and 600.21). | | | |
| | Please provide an explanation | Text | N/A | |
| 11. | Do you use the electronic processes required by the Secretary? (See 34 CFR 668.16). | Picklist (Yes, No) | N/A | |
| | Please provide an explanation | Text | N/A | |
| | <p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p> | Text | N/A | |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

Application to Participate in Federal Student Financial Aid Programs

Section M: Title IV Programs

| Question # | Text | Field Type | Automations | Visibility |
|------------|--|--|----------------------|------------------------------------|
| 1. | <p>Indicate all of the federal student financial aid programs in which you are seeking approval to participate.</p> <p>Federal Pell Grant Program Federal Supplemental Educational Opportunity Grant (FSEOG) Program Teacher Education Assistance for College and Higher Education (TEACH) Grant Program Federal Work-Study (FWS) Program</p> | <p>Checkboxes for the following:</p> | <p>Autopopulated</p> | |
| | <p>William D. Ford Federal Direct Loan Program (Direct Loan Program)</p> <ul style="list-style-type: none"> Federal Direct Loan Program (Subsidized and Unsubsidized) Federal Direct PLUS Loan Program | <p>No Picklist</p> <p>Picklist for Federal Direct Loan Program (Subsidized and Unsubsidized)</p> <p>Federal Direct PLUS Loan Program</p> | <p>Autopopulated</p> | |
| | <p>Teacher Education Assistance for College and Higher Education (TEACH) Grant Program</p> <p>Check all of the following conditions that apply to your institution.</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> |
| | <p>Offer a high-quality teacher preparation program at either the baccalaureate or masters level that is accredited by a specialized accrediting agency recognized by the Secretary for the accreditation of professional teacher education programs, and the program provides or assists in providing supervision and support services to teachers</p> <p>Identify the accreditor for this program:</p> | <p>Checkboxes for the following: No Accreditor Available at this time</p> | <p>Autopopulated</p> | <p>Visible to Domestic Schools</p> |

Application to Participate in Federal Student Financial Aid Programs

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| | Offer a high-quality teacher preparation program at either the baccalaureate or master's level that is approved by a state and includes a minimum of 10 weeks of full time pre-service clinical experience or its equivalent and the program provides or assists in providing supervision and support services to teachers. | Checkbox | Autopopulated | Visible to Domestic Schools |
| | Offer a high-quality teacher preparation program at either the baccalaureate or masters level that is approved by a state and includes a minimum of 10 weeks of full-time pre-service clinical experience, or its equivalent and the program provides or assists in providing supervision and support services to teacher. | Checkbox | Autopopulated | Visible to Domestic Schools |
| | Provide a two-year program of study that is acceptable for full credit to a baccalaureate teacher preparation program. If selected, you must identify the name of at least one and no more than three other institutions which accepts all the credits from your two-year program towards their baccalaureate teacher preparation program. | Checkbox | Autopopulated | Visible to Domestic Schools |
| | Offer a baccalaureate degree that will prepare a student to teach in a high-need field and have an agreement with another institutuion that offers a teacher preparation program or a post-baccalaurate program. If selected, you must identify the name of at least one and no more than three other institutions with which your institution has such an agreement. | Checkbox | Autopopulated | Visible to Domestic Schools |
| | Offer a postbaccalaureate degree program. | Checkbox | Autopopulated | Visible to Domestic Schools |
| | Institution Name | Text | Autopopulated | IF the Partner indicates that they selected a TEACH critiera that uses a partnership |
| | Partnership End Date | Date (DD/MM/YYYY) | Autopopulated | |

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| | Institution Name | Text | Autopopulated | IF the Partner indicates that they selected a TEACH criteria that uses a partnership |
| | Partnership End Date | Date (DD/MM/YYYY) | Autopopulated | |
| | Institution Name | Text | Autopopulated | IF the Partner indicates that they selected a TEACH criteria that uses a partnership |
| | Partnership End Date | Date (DD/MM/YYYY) | Autopopulated | |
| | TEACH Program End Date | Date (DD/MM/YYYY) | Autopopulated | |
| | Additional Information Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section. | Text | N/A | |
| Document Table | Document Upload Component | File Uploader | N/A | |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a |

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Section N: Additional Contacts

| Question # | Text | Field Type | Automations | Visibility |
|--------------------------------------|---|---|--|---|
| 1 Additional Contacts Table | Would you like Federal Student Aid to contact someone not at your institution about this application? | Picklist (yes/no) | If select yes, then display the rest of the questions below. | If yes, the table of additional contacts is displayed |
| | Please provide contact information for the individual(s) that are not at your institution that you would like Federal Student Aid to speak to about this application. | N/A | N/A | |
| | Contact Type | Picklist Application Contact Additional Contact | Autopopulated | |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | |
| | E-mail Address | Text | Autopopulated | |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | |

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|----------------|--|------------------------------------|--|-----------------------------------|
| | End Date | Date | | |
| | Additional Information Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section. | Text | N/A | |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

Section O: Additional Information

| Question # | Text | Field Type | Automations | Visibility |
|------------|--|---------------|-------------|------------|
| 1. | Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this application. | Longform Text | N/A | |

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Section P: Upload Documents

| Question # | Text | Field Type | Automations | Visibility |
|------------|--|-----------------|--|------------|
| | <p>You must upload the documents listed below to successfully submit your application or provide an explanation for why the document is missing. Please select the document you are uploading from the list of required documents displayed. If the document you need to upload is not displayed, select 'other' and provide a description of the document. Once the document is uploaded, the document will display in the table below. If you -uploaded a document that contains PII, please indicate that you are doing so in the file upload component. Please contact Federal Student Aid if you have any issues uploading documents.</p> | N/A | N/A | |
| | <p>Select the Document Type you are uploading from the dropdown and then select upload files button. If this document is available on your website, you must also provide the URL for the this document. Please provide a description of the document and indicate if the document contains PII or Proprietary Information.</p> | | | |
| | Document Type | Picklist | This Document Type will only show the remaining documents that are required to be uploaded as appropriate based on the Document Matrix | |
| | Select Document | Document Upload | N/A | |
| | Document Web Link | Text | | |
| | Description | Text | N/A | |

Application to Participate in Federal Student Financial Aid Programs

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| | If you do not upload the documents required, you must enter an explanation for each document you are not including in your submission. | Text | N/A | |
| | Contains Personally Identifiable Information (PII) | Checkbox | N/A | |
| | Contains Proprietary Information | Checkbox | N/A | |

Section Q: Send eApp for Signature eApp

| | Text | Field Type | Automation | Visibility |
|--|---|---|---------------|--|
| | <p>Who is your authorized signature authority?</p> <p>Your authorized signature authority is the person that has the power and authority to act on behalf of the institution with connection to all legal and other matters of the institution.</p> | N/A | N/A | |
| | <p>Check here if this is the same person as your:</p> <p>Chief Executive Officer President/Chancellor Chief Operating Officer</p> | Checkbox | Autopopulated | |
| | Select position. | <p>Picklist</p> <p>Chief Executive Officer - New President/Chancellor - New Chief Operating Officer - New</p> | Autopopulated | Visible when, "Check here is the same person as" = checked. |
| | Check here if this person is an owner of the institution | Checkbox | Autopopulated | |
| | Select Owner | Picklist of Person Owners | Autopopulated | Visible when, "Check here is the same person as" = checked. |
| | Prefix, First Name, Middle Name, Last Name, Suffix | | Autopopulated | |

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| E-mail Address | Email Address | Autopopulated | |
| Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | |
| Telephone Number | Number | Autopopulated | Visible for Domestic Schools, Optional For Foreign Schools |
| International Telephone Number | Number | Autopopulated | Visible for Foreign Schools only |
| Telephone Number Extension | Number | Autopopulated | |
| Fax Number | Number | Autopopulated | |
| International Fax Number | Number | Autopopulated | Visible for Foreign Schools only |
| Fax Number Extension | Number | Autopopulated | |
| Provide the Home Address, Phone Number, and E-mail Address for this Authorized Signer. | N/A | N/A | |
| Home Address Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | |
| Personal E-mail Address | Email | Autopopulated | |
| Personal Telephone Number (include Area Code) | Number | Autopopulated | |
| Effective Date | Date | Autopopulated | |
| End Date | Date | Autopopulated | only visible when editing |
| <p>Please check here, if your authorized signature authority is not available to sign this application and provide an explanation below.</p> <p>You must provide contact information and upload a copy of the written delegation of authority for the person that has the power and authority to act on behalf of the institution with connection to all legal and other matters in the absence of the authorized signature authority identified above. This delegation of authority</p> | Checkbox | | |

Application to Participate in Federal Student Financial Aid Programs

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| | must be on school letterhead. | | | |
| | You must provide contact information and upload a copy of the written delegation of authority for the person that has the power and authority to act on behalf of the institution with connection to all legal and other matters in the absence of the authorized signature authority identified above. This delegation of authority must be on school letterhead. | Text | | If “Please checke here...” = yes , this field displays |
| | Add contact information for the delegated authority to sign on behalf of the authorized signature authority. | | | |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | |
| | E-mail Address | Text | Autopopulated | |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | |
| | Provide the Home Address, Phone Number, and E-mail Address | N/A | N/A | |

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| | for this person. | | | |
| | Home Address Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | |
| | Personal E-mail Address | Email | Autopopulated | |
| | Personal Telephone Number (include Area Code) | Number | Autopopulated | |
| | Personal International Telephone Number | Number | Autopopulated | |
| | Effective Date | Date | | |
| | End Date | Date | | |
| | I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the institution may be liable for all federal student financial aid funds it or its students received. I also understand that providing false or misleading information on this application is a violation of the United States Criminal Code, Title 18, Section 1001 and may result in a fine of up to \$250,000 for an individual or \$500,000 for an organization, and/or imprisonment for up to five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds. | Checkbox | None | |

Section I: Foreign Schools

| Question # | Text | Field Type | Automation | Visibility |
|------------|---|--------------------|---------------|----------------------------|
| 1. | Do you admit as regular students only people who have a credential of secondary school completion or its recognized equivalent? | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| 2. | Do you admit students on the basis of a "mature student" admission policy? | Picklist (Yes, No) | Autopopulated | Visible to Foreign |

Application to Participate in Federal Student Financial Aid Programs

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| | <p>Help Text: A policy to admit adult students who have not completed a secondary school or high school education based on the applicant's age.</p> | | | Schools |
| 3. | In the country where you are located, are you legally authorized by the education ministry, council, or equivalent agency to provide an educational program beyond the secondary school level? | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schoolswide |
| 4. | Does your institution award degrees, certificates, or other recognized education credentials that are officially recognized by the country in which your institution is located? | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| 5. | Identify from the list the legal authorizing agency/ministry/educational council within the country where your institution is located that granted legal authorization to your institution to provide an educational program beyond the secondary school level. | Picklist | Autopopulated | Visible to Foreign Schools |
| 6. | Add any additional information regarding your institution's legal authorization to provide an educational program beyond the secondary school level, such as reference to Royal Charter, law, or regulation. | Text | Autopopulateds | Visible to Foreign Schools |
| | If the legal authorizing agency is not included in this list, insert the name and address of the legal authorizing agency in the spaces provided. | N/A | | Visible to Foreign Schools |
| | Legal Authorization Agency Name | Text | Autopopulated | Visible to Foreign Schools |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible USA is Chosen |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible when Country |

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| | | | | Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | |
| | End Date | Date | | |
| 7. | Does another postsecondary education institution validate programs offered by your institution? | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| | Provide the details for each validation agreement and upload a copy of all validation agreement(s). | N/A | N/A | Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes |
| | Institution Name | Institution Search (Smart Search with Name, City, State) | Autopopulated | Visible to Foreign Schools when Does another postsecondary |

Application to Participate in Federal Student Financial Aid Programs

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|--|--|---------------------------|---------------|--|
| | | | | education institution validate programs offered by your institution? = yes |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special | Autopopulated | Visible to |

Application to Participate in Federal Student Financial Aid Programs

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| | | Characters | | Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes Visible when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible to Foreign Schools when Does another postsecondary education institution |

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| | | | | validate programs offered by your institution? = yes Visible when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your |

Application to Participate in Federal Student Financial Aid Programs

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| | | | | institution? = yes |
| | End Date | Date | Autopopulated, autopopulated with account lookup selected result | Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes |
| 8. | Are you legally authorized to award a degree that is equivalent to an associate, baccalaureate, graduate, or professional degree awarded in the United States? | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| 9. | Do you provide an educational program that is at least a two-academic-year program acceptable for full credit toward the equivalent of a baccalaureate degree awarded in the United States? | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| 10. | Do you provide any educational programs that meet all three of these criteria? <ul style="list-style-type: none"> • The program is equivalent to at least a one-academic-year training program in the United States, and • The program leads to a certificate, degree, or other educational credential that is equivalent to one offered in the United States, and • The program prepares students for gainful employment in an occupation that is equivalent to one in the United States. | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| 11. | Are any of your programs offered in whole or in part by means of correspondence? | Picklist (Yes, No) | Autopopulated | Visible to Foreign |

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| | | | | Schools |
| 12. | Do you offer any programs that uses telecommunications to provide instruction to U.S. students? | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| 13. | Do you have administrative offices and/or recruiting offices in the United States that represent you? Provide the following information and upload a description of the functions of the U.S. administrative office. | Picklist (Yes, No) | Autopopulated | Visible to when entering a US administrative office IF they answer no, no Admin Office Location table will display |
| 13a. | -U.S. Administrative/Recruiting Office Name | Text | Autopopulated | Visible to when entering a US administrative office |
| | Street Address, City, State, Country, ZIP | | Autopopulated | Visible to when entering a US administrative office |
| | Telephone Number (include Area Code) | Phone | Autopopulated | Visible to when entering a US administrative office Visible when USA is Chosen |
| | International Telephone Number (include Country Code) | (Phone) Numeric & Special Characters | Autopopulated | Visible to when entering |

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| | | | | a US administrative office Visible when Country Other than USA is Chosen |
| | Telephone Number Extension | Number | Autopopulated | Visible to when entering a US administrative office |
| | Fax Number (include Area Code) | Phone | Autopopulated | Visible to when entering a US administrative office Visible when USA is Chosen |
| | International Fax Number (include Country Code) | (Fax) Numeric & Special Characters | Autopopulated | Visible to when entering a US administrative office Visible when Country Other than USA is Chosen |
| | Fax Number Extension | Number | Autopopulated | Visible to when entering a US administrative |

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| | | | | office |
| 13b. | U.S. Administrative/Recruiting Office Contact Name | Name | Autopopulated | Visible to when entering a US administrative office |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | Visible to when entering a US administrative office |
| | U.S. Administrative /Recruiting Office Contact E-Mail | Email | Autopopulated | Visible to when entering a US administrative office |
| | End Date | Date | Autopopulated | Visible to when entering a US administrative office |
| 14. | Are you accredited by an accrediting agency in the United States? | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| 14a. | Choose your accrediting agency | Accrediting Agency Lookup | Autopopulated | Visible to Foreign Schools |
| 14b. | What year did this accrediting agency last accredit you? | Date YYYY | Autopopulated | Visible to Foreign Schools |
| 14c. | For how many years is this accreditation granted? | Number | Autopopulated | Visible to Foreign |

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| | | | | Schools |
| 14d. | Check here if this is your Primary Accreditor | Checkbox | Autopopulated | Visible to Foreign Schools |
| 14e. | Select if this agency accredits your whole institution | Checkbox | Autopopulated | Visible to Foreign Schools |
| 14f. | Select if this agency accredits individual programs offered by your institution | Checkbox | Autopopulated | Not Visible to Foreign Schools |
| 14g. | Has this accreditor issued a decision letter, placed the institution/location on probation, placed the institution/location on warning, placed the institution/location on show cause, issued a loss/withdrawal of accreditation notice, mandated a reporting requirement or issued any other notification of non-compliance of accrediting standards since your last application was submitted? | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| | Select action issued | Picklist, Multi-Select Picklist Decision letter Placed the institution/location on probation Placed the institution/location on warning Placed the institution/location on show cause Issued a loss/withdrawal of accreditation notice Mandated a reporting requirement Other notification of non-compliance of accrediting standards | Autopopulated | Visible to Foreign Schools |
| | Other Adverse Action | Text | Autopopulated | Visible to Foreign Schools |
| 14h. Upon user | Provide the End Date of your Accreditation | Date | Autopopulated | Visible to Foreign |

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| completion of above questions, an entry will be added and displayed to the US Accrediting Agency Table | | | | Schools |
| | Enter the explanation as to why this is end date is more than 30 days in the future | Date | N/A | Visible when End Date is more than 30 days in the future |
| 15. | Indicate below whether your institution offers a degree of medical doctor, doctor of osteopathic medicine, or the equivalent; a veterinary program; or a nursing program. Then indicate whether your institution seeks Title IV, HEA program eligibility for a medical program, a veterinary program, or a nursing program. | N/A | N/A | Visible to Foreign Schools |
| | Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program | N/A | N/A | Visible to Foreign Schools |
| | Program Offered | Picklist (Yes, No) | Autopopulated | Visible if Program Offered = Yes |
| | Seeking Title IV | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| | Veterinary Program | N/A | N/A | Visible to Foreign Schools |

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| | Program Offered | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| | Seeking Title IV | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| | Nursing Program | N/A | N/A | Visible to Foreign Schools |
| | Program Offered | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| | Seeking Title IV | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools |
| | <p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p> | Text | N/A | |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |

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| | Enter a description of the document | Text | N/A | Visible when uploading a new file |
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Foreign Medical Schools

| Question # | Text | Field Type | Automation | Visibility |
|------------|---|---------------------|---------------|--|
| 1. | Are you seeking approval for a Post baccalaureate/equivalent medical program? | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools, Visible to Foreign For - Profits |
| 2. | Is your medical program offered as a joint degree program with another institution? | Picklist (Yes, No) | Autopopulated | Visible to Foreign Schools, Visible to Foreign For - Profits |
| 3. | Medical Program Name | Text | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| 4. | Program Length in Months | Number | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| 5. | Is the medical school listed in the World Directory of Medical Schools? | Picklist, Yes or No | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title |

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| | | | | IV. |
| 6. | Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards. | Picklist, Yes or No | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | Identify the medical accreditor within the country where your institution is located that is legally authorized to evaluate the quality of medical education programs in your country. | N/A | N/A | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| 7. | Medical Accrediting Agency or Ministry | Picklist (multi) (see email medical accrediting) | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | If you chose "Other" from the list of medical accreditors- provide the name and address of the evaluating agency that is legally authorized to approve, accredit or recognize medical schools in your country. | N/A | N/A | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. And when and when "Medical Accrediting Agency or |

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| | | | | Ministry” = other |
| | Medical Accrediting Agency Name | | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other |
| | Street Address, City, State/Province, Country, Postal Code | | | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other |
| | International Telephone Number (include Country Code) | Phone (note, international, requires all characters and more than 10 digits) | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other |
| | Telephone Number Extension | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other |
| | International Fax Number (include Country Code) | Phone (note, international, requires all characters and more than 10 digits) | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program |

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| | | | | and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other |
| | Fax Number Extension | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other |
| | Medical Accrerator Contact Name | Display Text | N/A | N/A |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other |
| | Medical Accrerator Contact Email | Text | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other |
| 8. | Is your medical school currently approved by this medical accrediting agency? | Picklist (Yes, No) | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |
| 8a. | What month/year did the medical accrediting agency last | Date | Autopopulated | Visible when School indicates |

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| | approve the medical school? | | | they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Is your medical school currently approved by this medical accrediting agency?” = yes |
| 8b. | For how many years did the evaluating agency extend its approval? | Number | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Is your medical school currently approved by this medical accrediting agency?” = yes |
| | Provide the date this accreditation ended. | Date | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Is your medical school currently approved by this medical accrediting agency?” = yes |
| 9. | Confirm that your medical accreditor is recognized by the World Federation for Medical Education (WFME). | Picklist (Yes, No) | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a |

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| | | | | country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| 10. | Where is the facility at which you provide graduate medical educational program instruction in your country? Also include Contact person information at this facility. . | N/A | N/A | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Name of Facility | Text | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and |

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| | | | | Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | Street Address, City, State/Province, Country, Postal Code | | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | Telephone Number (include Area Code) | Number | Autopopulated Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |

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| | | | | And Country = USA |
| | International Telephone Number (include Country Code) | Number | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes and country is not USA |
| | Telephone Number Extension | Number | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | Fax Number (include Area Code) | Number | Autopopulated | Visible when School indicates |

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| | | | | they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes And Country = USA |
| | International Fax Number (include Country Code) | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes and country is not USA |
| | Fax Number Extension | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program |

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| | | | | and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Name of contact at the facility | N/A | N/A | |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | |
| | Facility Contact Email | | | |
| | End Date Only provide an end date if you no longer provide graduate medical educational program instruction at this facility. | | | |
| 11. | Identify all clinical instruction locations where your medical students receive clinical training from home country; other locations that are Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA) approved; or a National Committee on Foreign Medical Education and Accreditation (NCFMEA) approved comparable foreign country. | N/A | N/A | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable |

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| | | | | medical accrediting agency approval standards.” = yes |
| 11a. | <p>Instruction Type</p> <p>Identify the type(s) of clinical training instruction provided at this location. Select all that apply:</p> | <p>Picklist</p> <p>Core Clinical</p> <p>Elective Clinical</p> | Autopopulated | <p>Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes</p> |
| 11b. | <p>Indicate the date that instruction was first offered to your medical students at this location.</p> | Date | Autopopulated | <p>Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes</p> |
| | <p>Enter the name and address of this clinical site.</p> | N/A | N/A | <p>Visible when School indicates they hae a foreign Medical</p> |

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| | | | | Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| 11c | Name of Non-U.S. Training Facility | Text | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Street Address, City, State/Province, Country, Postal Code | | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a |

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| | | | | country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Telephone Number (include Area Code) | Number | Autopopulated Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | International Telephone Number (include Country Code) | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has |

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| | | | | determined uses comparable medical accrediting agency approval standards.” = yes |
| | Telephone Number Extension | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Fax Number (include Area Code) | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | International Fax Number (include Country Code) | Number | Autopopulated | Visible when School indicates |

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| | | | | they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | Fax Number Extension | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | Name of contact at this clinical site | N/A | N/A | |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | |
| | Clinical Site Contact Email | Text | Autopopulated | Visible when School indicates they hae a foreign Medical |

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| | | | | Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | <p>End Date</p> <p>Only provide an end date if you no longer provide graduate medical educational program instruction at this clinical site.</p> | Date | N/A | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| 12 | Has the medical accrediting agency in your home country conducted an on-site evaluation and specifically approved this clinical training site? | Picklist (Yes, No) | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a |

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| | | | | country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| 13 | Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? | Picklist, Y/N | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |
| 13a | Is Agreement current? | Picklist (Yes, No) | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes |
| 13b | Briefly describe the agreement’s terms of renewal | Text | Autopopulated | Visible when “Is Agreement Current” = no |
| | Agreement End Date | Date | Autopopulated | Visible when “Is Agreement Current” = no |
| 13c | Identify where in the clinical affiliation agreement the following 6 elements can be found, for example, the page number and section number | N/A | N/A | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes |
| | Regulatory Elements | N/A | N/A | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your |

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| | | | | students at this location? = yes and when Is Agreement Current” = yes |
| | Element 1: Maintenance of the School’s Standards | Text | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes and when Is Agreement Current” = yes |
| | Element 2: Appointment of Faculty to the Medical School Staff | Text | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes and when Is Agreement Current” = yes |
| | Element 3: Design of the Curriculum | Text | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes and when Is Agreement Current” = yes |
| | Element 4: Supervision of Students | Text | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes and when Is Agreement Current” = yes |
| | Element 5: Evaluation of Student Performance | Text | Autopopulated | Visible when Does your medical |

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| | | | | school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes |
| | Element 6: Provision of Liability Insurance | Text | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes |
| 14 | Is this clinical training location approved by the agency authorized to evaluate medical schools in your country? | Picklist (Yes, No) | Autopopulated | Visible when school indicates they have a foreign medical school |
| 15 | Is this clinical training location included in the accreditation of a medical program accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA)? | Picklist (Yes, No) | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |
| 16 | Is clinical instruction that is provided to your students at this site also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country located in an NCFMEA approved comparable foreign country? | Picklist (Yes/No) | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |
| 17 | Name of the accredited medical school | Text | Autopopulated | Visible when “Check here if clinical instruction that is provided to your students at this |

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| | | | | site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked. |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when "Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked. |
| | Telephone Number (include Area Code) | Number | Autopopulated | Visible when "Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked |

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| | International Telephone Number (include Country Code) | Number | Autopopulated | Visible when "Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked. |
| | Telephone Number Extension | Number | Autopopulated | Visible when "Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked. |
| | Fax Number (include Area Code) | Number | Autopopulated | Visible when "Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical |

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| | | | | education in that country = checked. |
| | International Fax Number (include Country Code) | Number | Autopopulated | Visible when “Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked. |
| | Fax Number Extension | Number | Autopopulated | Visible when “Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked. |
| | Identify all clinical instruction locations that are U.S. training facilities | N/A | N/A | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United |

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| | | | | States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| 18 | <p>Instruction Type</p> <p>Identify the type(s) of clinical training instruction provided at this location. Select all that apply:</p> | <p>Picklist</p> <p>Core Clinical</p> <p>Elective Clinical</p> | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| 19. | Name of U.S. training facility | Text | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has |

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| | | | | determined uses comparable medical accrediting agency approval standards.” = yes |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Telephone Number (include Area Code) | Number | Autopopulated Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |
| | International Telephone Number (include Country Code) | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and |

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| | | | | Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Telephone Number Extension | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Fax Number (include Area Code) | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |

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| | International Fax Number (include Country Code) | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | Fax Number Extension | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | Name of contact at this U.S. Training Facility | N/A | N/A | |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | |
| | U.S. Training Facility Email | Text | Autopopulated | Visible when School indicates |

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| | | | | they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| 20. | Identify the U.S medical lcsing boards and evaluating bodies that approve your clinical training. | Display Only | N/A | N/A |
| | Name of evaluating body/medical licensing board | Text | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when School indicates they hae a foreign Medical |

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| | | | | Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | Telephone Number (include Area Code) | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | International Telephone Number (include Country Code) | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a |

Application to Participate in Federal Student Financial Aid Programs

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| | | | | country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Telephone Number Extension | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Fax Number (include Area Code) | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and |

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| | | | | Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | International Fax Number (include Country Code) | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Fax Number Extension | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |

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| | <p>Medical Licensing Board/Evaluating body Contact Information</p> | <p>N/A</p> | <p>Autopopulated</p> | <p>Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes</p> |
| | <p>Prefix, First Name, Middle Name, Last Name, Suffix, Job Title</p> | | <p>Autopopulated</p> | <p>Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes</p> |
| | <p>Email</p> | <p>Text</p> | <p>Autopopulated</p> | <p>Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title</p> |

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| | | | | IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | Is your clinical training still approved by this medical licensing board/evaluation body | Picklist (yes, no) | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| | If you are no longer approved by this medical licensing board/evaluation body, enter the date this approval ended | Date | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National |

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| | | | | Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| | Indicate the date that instruction was first offered to your medical students at this location. | Date | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes |
| 21. | Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? | Picklist, Y/N | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |
| 21a. | Is Agreement current? Help Text if partner answers “no” to this question: “If the school does not have a valid formal affiliation agreement or other agreement with the clinical site or hospital, it is not an approved, eligible site.” - | Picklist (Yes, No) | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes |
| 21b. | Briefly describe the agreement’s terms of renewal | Text | Autopopulated | Visible when “Is Agreement |

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| | | | | Current" = no |
| | Agreement End Date | Date | Autopopulated | Visible when "Is Agreement Current" = no |
| 21c. | Identify where in the clinical affiliation agreement the following 6 elements can be found, for example, the page number and section number | N/A | N/A | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes |
| | Regulatory Elements | N/A | N/A | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current" = yes |
| | Element 1: Maintenance of the School's Standards | Text | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current" = yes |
| | Element 2: Appointment of Faculty to the Medical School Staff | Text | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current" = yes |
| | Element 3: Design of the Curriculum | Text | Autopopulated | Visible when Does your medical school have a formal affiliation |

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| | | | | agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes |
| | Element 4: Supervision of Students | Text | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes |
| | Element 5: Evaluation of Student Performance | Text | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes |
| | Element 6: Provision of Liability Insurance | Text | Autopopulated | Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes |
| 22. | Does your institution have a clinical training program that was approved by a state on or before January 1, 1992 and has it continuously operated a clinical training program in at least one state that approves the program? | Picklist (Yes, No) | Autopopulated | |
| 23. | Does your institution have a clinical training program that | Picklist (Yes, No) | Autopopulated | |

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| | was approved by a state prior to January 1, 2008 and has it continuously operated a clinical training program in at least one state that approves the program? | | | |
| 24. | Is your institution approved to offer clinical instruction by a State at this location? | Picklist (Yes, No) | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes |
| 24a. | State Agency Name | Text | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes = yes and when "Is your |

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| | | | | institution approved to offer clinical instruction by a State at this location?" = yes |
| 24b. | State Approval Start Date - | Date | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes = yes and when "Is your institution approved to offer clinical instruction by a State at this location?" = yes |
| 24e | State Approval End Date | Date | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other |

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| | | | | than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes = yes and when “Is your institution approved to offer clinical instruction by a State at this location?” = yes |
| 24c. | Check here if your institution ceased to offer a clinical training program at this clinical site or it is no longer approved to offer the clinical training program. | Checkbox | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |
| 24d | Last Date of Instruction | Date | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |
| 24e | State Approval End Date | Date | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that |

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| | | | | the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes = yes and when “Is your institution approved to offer clinical instruction by a State at this location?” = yes |
| 25. | Enter the date of medical school graduations within the past three twelve-month periods. | N/A | N/A | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |
| | Enter the graduation date | Date | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |
| | Identify the number of medical school graduates in the graduating class | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |
| | Enter the graduation date | Date | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. |

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| | Identify the number of medical school graduates in the graduating class | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | Enter the graduation date | Date | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | Identify the number of medical school graduates in the graduating class | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| 26. | What is the beginning and ending dates of your institution's most recently completed academic year? | Display Only | N/A | N/A |
| | Beginning Date: | Date | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | Ending Date: | Date | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| 27. | How many full-time regular students were enrolled during the most recently completed academic year? | Number | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic |

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| | | | | Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| 28. | How many of the regular students in the most recently completed academic year were not U.S. citizens or residents eligible for U.S. federal financial aid programs? | Number | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| 29. | During the most recently completed year, how many of your regular students and graduates from the three preceding years took any "step" of the examinations administered by the Educational Commission for Foreign Medical Graduates? | Number | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| 30. | How many of these students received passing scores on any "step" of the examinations? | Number | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | Does your foreign graduate medical school provide any of the following types of medical educational programs? (check each type of program that is offered) | N/A | N/A | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and Institution Type = Foreign For Profit |
| | Post baccalaureate/equivalent medical programs | Checkbox | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and Institution Type = Foreign For Profit |

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| | Other types of programs that lead to employment as a doctor of osteopathic medicine, or doctor of medicine or equivalent? | Checkbox | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and Institution Type = Foreign For Profit |
| | Review and respond to the following questions concerning data collection and reporting. | N/A | N/A | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | Do you require U.S. citizens, U.S. nationals and U.S. lawful permanent residents accepted for admission into a post-baccalaureate/ equivalent medical program to take the Medical College Admission Test (MCAT)? | Picklist (Yes, No) | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | Explanation: | Text | Autopopulated | Visible when "Do you require U.S. citizens, U.S. nationals and U.S. lawful permanent residents accepted for admission into a post-baccalaureate/ equivalent medical program to take the Medical College Admission Test (MCAT)?" = Yes |
| | Do you require U.S. citizens, U.S. nationals and U.S. lawful permanent residents to report their MCAT scores to you? | Picklist (Yes, No) | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | Do you report the MCAT scores achieved by U.S. citizens, U.S. nationals and U.S. lawful permanent residents and a statement of the number of times each U.S. citizen, U.S. | Picklist (Yes, No) | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic |

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| | national or U.S. lawful permanent resident took the MCAT examination in the preceding calendar year to the medical school's accrediting authority? | | | Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | Has your institution determined the consent requirements for and require the necessary consent of ALL students accepted for admission for whom the institution must report to comply with data collection and submission requirements for all of the following: | N/A | N/A | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | MCAT Scores | Picklist (Yes, No) | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | USMLE Performance Data | Picklist (Yes, No) | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | U.S. Medical Residency Programs Placement Rate Data | Picklist (Yes, No) | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | U.S. Citizenship Rate Data | Picklist (Yes, No) | Autopopulated | Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | Does your institution have a data collection and reporting system that allows you to report all required information to | Picklist (Yes, No) | Autopopulated | Visible when School indicates they hae a foreign Medical |

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| | the U.S. Department of Education and your medical school accrediting agency? | | | Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | Do you have a privacy law or a data protection law in your country prevents you from providing MCAT scores, USMLE scores, placement rates in U.S. medical residency programs, or citizenship/residency data for your medical students or graduates to the U.S. Department of Education or to your medical school's accrediting agency? | Picklist (Yes, No) | Autopopulated | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| | <p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p> | Text | N/A | Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

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Annual Reporting for Foreign Medical School

| Question # | Text | Field Type | Automation | Visibility |
|------------|---|-----------------|------------|---|
| 1. | Click below to upload your medical school's Individual USMLE Test-Taker Performance Data, USMLE Pass Rates, Citizenship Rates and Consumer Information for the most recently completed calendar year. | Display Only | N/A | N/A |
| | Upload Individual USMLE Test-Taker Performance Data | Document Upload | N/A | Visible when Application Update Purpose 'Annual Reporting for Foreign Medical School' |
| | Upload USMLE Pass Rates | Document Upload | N/A | Visible when Application Update Purpose 'Annual Reporting for Foreign Medical School' |
| | Upload Medical Citizenship Rate | Document Upload | N/A | Visible when Application Update Purpose 'Annual Reporting for Foreign Medical School' |
| | Upload Medical Consumer Information | Document Upload | N/A | Visible when Application Update Purpose 'Annual Reporting for Foreign Medical School' |

Foreign Veterinary Schools

| Question # | Text | Field Type | Automation | Visibility |
|------------|--|--------------------|---------------|--|
| 1. | Are you seeking approval for a Post baccalaureate/equivalent veterinary program? | Picklist (Yes, No) | Autopopulated | Visible when School indicates they have a foreign Veterinary School Program and answer "yes" to seeking Title IV and Institution Type = Foreign For Profit |

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| 2. | Is your Veterinary program offered as a joint degree program with another institution? | Picklist (Yes, No) | Autopopulated | Visible when School indicates they have a foreign Veterinary School Program and answer "yes" to seeking Title IV and Institution Type = Foreign For Profit |
| 3. | Do you have an entity in your country that is legally authorized to evaluate the quality of your program of classroom and clinical veterinary instruction? | Picklist (Yes, No) | Autopopulated | Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV. |
| 3a. | Select the name and address of the entity in your country that is legally authorized to evaluate veterinary instruction offered in your country. | N/A | N/A | Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "Do you have an entity in your country that is legally authorized to evaluate the quality of your program of classroom and clinical veterinary instruction?" = yes |
| | Name of Veterinary Accreditor | Picklist | Autopopulated | Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "Do you have an entity in your country that is legally authorized to evaluate the quality of your program of classroom and clinical veterinary instruction?" = yes |
| | Here is the information concerning the Veterinary Program Accreditor you have selected: Name, Address, Contact displays | Display only | | |
| 3b. | Is your veterinary school approved, accredited, or recognized by this entity? If Yes, upload your most current approval documents in the Upload Documents section of this application? | Picklist (Yes, No) | Autopopulated | Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "Do you have an entity in your country that is legally authorized to evaluate the quality of your program of |

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| | | | | classroom and clinical veterinary instruction?" = yes |
| 3c | What month/year did the evaluating agency last approve the veterinary school? | Date | Autopopulated | Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "Do you have an entity in your country that is legally authorized to evaluate the quality of your program of classroom and clinical veterinary instruction?" = yes |
| 3d. | For how many years did the evaluating agency extend its approval? | Number | Autopopulated | Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "Do you have an entity in your country that is legally authorized to evaluate the quality of your program of classroom and clinical veterinary instruction?" = yes |
| | If you are no longer approved by this entity, enter the date this approval ended. | Date | Autopopulated | Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "Do you have an entity in your country that is legally authorized to evaluate the quality of your program of classroom and clinical veterinary instruction?" = yes |
| | Identify all locations where your veterinary students receive classroom and clinical instruction. Note: Do not report veterinary clinical training locations that are not used regularly, but instead are chosen by individual students who take no more than two electives at the clinical training locations for no more than a total of eight weeks. | N/A | N/A | Visible when school indicates they have a foreign vet school |

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| 4. | Enter the name and address of your foreign veterinary school location | Display only | | |
| 4a. | Name of Veterinary School | Text | Autopopulated | Visible when entering a foreign veterinary school location |
| 4b. | Instruction Type | Picklist (multi) Classroom Instruction Clinical Instruction | Autopopulated | Visible when entering a foreign veterinary school location |
| 4c | Address information | Display only | | |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated with Production Answer | Visible when entering a foreign veterinary school location |
| | End Date | Date | | Visible when entering a foreign veterinary school location |
| 5. | Do you have a written agreement under which clinical instruction is provided at this veterinary school? If yes, upload a copy of your written agreement as a supporting document to this application. | Picklist (Yes, No) | Autopopulated | Visible when entering a foreign veterinary school location |
| 5a. | Identify the date that instruction was first offered to your veterinary students at this veterinary school. | Date | Autopopulated | Visible when entering a foreign veterinary school location |
| 5b. | Do you require your students to complete their clinical training at this U.S. veterinary school? | Picklist (Yes, No) | Autopopulated | Visible if a Partner is a foreign for-profit institution and identifies the clinical site location's country as the "United States." |
| 5c. | Do you have a written agreement under which instruction is provided at this U.S. location? Note: If yes, upload your written agreement | Picklist (Yes, No) | Autopopulated | Visible when school indicates they have a foreign vet school and the country is US |
| 5d. | Check all statements that apply | Display only | | |

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| | <p>Check here if you have an affiliation agreement or other written arrangement to provide clinical instruction to your students at this veterinary school.</p> <p>Upload a copy of this agreement as a supporting document for this application.</p> | Checkbox | Autopopulated | Visible when school indicates they have a foreign vet school |
| | <p>Check here if this clinical location is specifically approved by the agency authorized to evaluate veterinary schools in your country.</p> | Checkbox | Autopopulated | Visible when school indicates they have a foreign vet school |
| | <p>Check here if this facility is an approved veterinary school located within the United States.</p> | Checkbox | Autopopulated | The question is visible for Foreign non profit and Foreign public schools that report a location that is not in U.S. and not in the country of the institution's principal location. |
| | <p>Check here if this clinical training location is included in the accreditation of a veterinary program accredited by the American Veterinary Medical Association (AVMA) or a veterinary accreditor that has been approved by the Secretary of the U.S. Department of Education.</p> | Checkbox | Autopopulated | The question is visible for Foreign non profit and Foreign public schools that report a location that is not in U.S. and not in the country of the institution's principal location. |
| 5e. | <p>Provide information about a contact at this facility.</p> | N/A | N/A | Visible when school indicates they have a foreign vet school |
| | <p>Prefix, First Name, Middle Name, Last Name, Suffix, Job Title</p> | | Autopopulated | Visible when school indicates they have a foreign vet school |
| | <p>E-mail Address</p> | Email | Autopopulated | Visible when school indicates they have a foreign vet school |
| | <p>Location End Date</p> | Date | Autopopulated | Visible when school indicates they have a foreign vet school |
| | <p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p> | Text | N/A | |
| Document | <p>Document Upload Component</p> | File Uploader | N/A | N/A |

Application to Participate in Federal Student Financial Aid Programs

| Table | | | | |
|-------|--|------------------------------------|--|-----------------------------------|
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
| | Document Type | Picklist (See Submit eApp Section) | This field will only show the remaining documents that are required to be uploaded | Visible when uploading a new file |
| | Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below. | Checkbox | N/A | Visible when uploading a new file |
| | Enter a description of the document | Text | N/A | Visible when uploading a new file |

Foreign Nursing

| Question # | Text | Field Type | Automation | Visibility |
|------------|---|--------------------|---------------|---|
| 1. | Are you seeking approval for a Post baccalaureate/equivalent nursing program? | Picklist (Yes, No) | Autopopulated | Visible when Foreign For Profit Partner indicates they are seeking title iv for their foreign nursing program |
| 2. | Is your nursing program offered as a joint degree program with another institution? | Picklist (Yes, No) | Autopopulated | Visible when Foreign For Profit Partner indicates they are seeking title iv for their foreign nursing program |
| | Identify all locations where your nursing students receive clinical instruction. | N/A | N/A | |

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| 3. | Enter the name and address of your U.S. Hospital/Accredited Nursing School Location | N/A | N/A | |
| | School/Facility Name | Text | Autopopulated | Visible when entering Nursing Location |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when entering Nursing Location |
| | Telephone Number (Include Area Code) | Number | Autopopulated | Visible when entering Nursing Location When country = USA |
| | International Phone Number (include Country Code) | Number | Autopopulated | Visible when entering Nursing Location When Country is not USA |
| | Telephone Number Extension | Number | Autopopulated | Visible when entering Nursing Location |
| | International Fax Number (include Country Code) | Number | Autopopulated | Visible when entering Nursing Location When Country is not USA |
| | Fax Number Extension | Number | Autopopulated | Visible when entering Nursing Location |
| 3a. | Provide the name of a contact at the facility | N/A | N/A | Visible when entering Nursing Location |

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| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | Visible when entering Nursing Location |
| | Facility Contact E-Mail Address | Text | Autopopulated | Visible when entering Nursing Location |
| 4. | Identify each type of nursing instruction offered at this location. | Picklist: Classroom Instruction Clinical Instruction | Autopopulated | Visible when entering Nursing Location |
| 4a. | If clinical training is provided to your students at this location, is this facility a U.S. hospital or an accredited school of nursing in the U.S.? (Check all that apply) | Picklist U.S. hospital Accredited school of nursing in U.S. Other facility | Autopopulated | Visible when entering Nursing Location |
| 4b. | Check here if this is a location where your student completes nursing clinical training. | Checkbox | Autopopulated | Visible when entering Nursing Location |
| 4c. | Check here if your foreign nursing school has an Affiliation agreement with this facility to ensure proper oversight of the nursing program. Note: At time of application submission, a copy of the provider Affiliation agreement with this provider and its certified English translation will be required to be uploaded. | Checkbox | Autopopulated | Visible when entering Nursing Location |
| 4d. | Check here if faculty members of the foreign school are based at this facility to ensure proper educational oversight. | Checkbox | Autopopulated | Visible when entering Nursing Location |
| 5. | Do students graduating from your nursing school also receive a degree from the accredited school of nursing located in the United States? | Picklist (Yes, No) | Autopopulated | Visible when entering Nursing Location |
| | At time of application submission, a copy of the joint degree program agreement with the U.S. accredited nursing school will be required to be uploaded. | N/A | N/A | |

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| | Identify below the nurse licensing boards and evaluating bodies which have approved the nursing program, and the dates of their approval. | | | |
| | End Date | Date | | Visible when editing Nursing Location |
| 6. | Identify below the U.S. nurse licensing boards and evaluating bodies which have approved the nursing program and the dates of their approval | | | |
| | Nurse Licensing Board or Evaluating Body | Text | Autopopulated | Visible when entering a Nurse Licensing Board or Evaluating Body |
| | Street Address, City, State/Province, Country, ZIP/Postal Code | | Autopopulated | Visible when entering a Nurse Licensing Board or Evaluating Body |
| | Telephone Number (Include Area Code) | Number | Autopopulated | Visible when entering a Nurse Licensing Board or Evaluating Body And Country = USA |
| | International Phone Number (include Country Code) | Number | Autopopulated | Visible when entering a Nurse Licensing Board or Evaluating Body When Country is not USA |
| | Telephone Number Extension | Number | Autopopulated | Visible when entering Nursing Location |
| | International Fax Number (include Country Code) | Number | Autopopulated | Visible when entering a Nurse Licensing Board or Evaluating Body When Country is not USA |
| | Fax Number Extension | Number | Autopopulated | Visible when entering Nursing Location |

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| | Is your nursing school approved by this nursing licensing entity or evaluating body? If Yes, upload your most current approval documents in the Upload Documents section of this application. | Picklist (Yes, No) | Autopopulated | Visible when entering a Nurse Licensing Board or Evaluating Body |
| | Provide the following information for a contact at this entity. | N/A | N/A | Visible when entering a Nurse Licensing Board or Evaluating Body |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | Visible when entering a Nurse Licensing Board or Evaluating Body |
| | Entity Contact E-mail Address | Email | Autopopulated | Visible when entering a Nurse Licensing Board or Evaluating Body |
| | For how many years did the licensing/evaluating entity extend its approval? | Number | Autopopulated | Visible when entering a Nurse Licensing Board or Evaluating Body |
| | If you are no longer approved by this licensing/evaluating entity, enter the date this approval ended. | Date | Autopopulated | Visible when entering a Nurse Licensing Board or Evaluating Body |
| 7. | Identify below the accrediting agencies that approved the joint degree program between your nursing school and your U.S. nursing school. | N/A | N/A | |
| | Choose your accrediting agency | Lookup | Autopopulated | Visible when entering an Accrediting Agency |
| 7a. | Is your nursing program approved by this accrediting agency? If Yes, upload your most current approval documents in the Upload Documents section of this application. | Email | Autopopulated | Visible when entering an Accrediting Agency |
| 7b. | What month/year did the accrediting agency last approve | Date | Autopopulated | |

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| | the nursing program? | | | |
| 7c. | For how many years did the accrediting agency extend its approval? | | Autopopulated | |
| 7d. | Provide the following information for a contact at this accrediting agency. | N/A | N/A | |
| | Prefix, First Name, Middle Name, Last Name, Suffix, Job Title | | Autopopulated | Visible when entering an Accrediting Agency |
| | Accrediting Agency Contact E-mail Address | Email | Autopopulated | Visible when entering an Accrediting Agency |
| | If your nursing program is no longer approved by this accrediting agency, enter the date this approval ended. | Date | Autopopulated | |
| 8. | Select the oreign nursing school programs that your institution offers. Check each that applies: | Multi Select Picklist: <ul style="list-style-type: none"> • Associate Degree School of Nursing • Collegiate School of Nursing • Diploma School of Nursing | Autopopulated | |
| 9. | Identify the graduation dates and the number of Nursing students who graduated from your Nursing school within the last two 12 month periods. | N/A | N/A | |
| | Enter date of Nursing school graduation. | Date | Autopopulated | |
| | Enter the number of nursing school graduates in this graduating class. | Number | Autopopulated | |
| | Enter date of Nursing school graduation. | Date | Autopopulated | |
| | Enter the number of nursing school graduates in this graduating class. | Number | Autopopulated | |
| 10. | Identify the number of students and graduates of the Nursing school who took the NCLEX-RN | Number | Autopopulated | |
| 11. | Identify the number of students and graduates who passed the NCLEX-RN | Number | Autopopulated | |
| 12. | Identify the % of students and graduates passing NCLEX. | Percentage | Autopopulated | |

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| 13. | Does your nursing school employ only those faculty members whose academic credentials are the equivalent of credentials required of faculty members teaching the same or similar course at nursing schools in the U.S.? | Picklist (Yes, No) | Autopopulated | |
| 14. | Check here if your foreign nursing school agrees to reimburse the Secretary of Education for the costs of defaulted student loans for students attending your foreign nursing program. | Checkbox | Autopopulated | |
| 15. | Check here if your institution has determined the consent requirements for and requires the consents of all Nursing students accepted for admission who are U.S. citizens, nationals or eligible noncitizens. | Checkbox | Autopopulated | |
| 16. | Check here if a privacy law or a data protection law in your country prevents you from providing NCLEX-RN results or other data to the U.S. Department of Education. | Checkbox | Autopopulated | |
| | End Date | Date | Autopopulated | |
| | <p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p> | Text | N/A | |
| Document Table | Document Upload Component | File Uploader | N/A | N/A |
| | Does this document contain PII data? | Picklist (Yes, No) | N/A | Visible when uploading a new file |
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| | Enter a description of the document | Text | N/A | Visible when uploading a new file |