



**APPLICATION FOR APPROVAL OF EDUCATIONAL
AND TRAINING PROGRAM(S) FOR VETERANS**

Date: _____

Part I. General Information:

1. Institution name: _____

2. Address: _____
(Street)

(City) (Zip Code) (County)

v3. Telephone No: _____ FAX No: _____ e-mail: _____

4. Registered fictitious names under which institution operates:

5. Location of current student records: _____
(If not the same as No. 2)

6. Chief Administrative Officer: _____
Title: _____ Phone: _____
Contact Person: _____
Title: _____ Phone: _____

7. Form of organization (Check appropriate item):
 Sole proprietorship Partnership Public
 For profit corporation Non-profit corporation Other
(Specify) _____

8. Profit status (Check appropriate item):
 Private for profit Private non-profit Public
 Other (Specify) _____

9. Type of institution (Check appropriate item):
 AVTS Barber Bible
 Correspondence Cosmetology Flight
 Hospital Private Licensed School Other
(Specify) _____

10. Is a license or approval from any other federal, state or municipal agency required for the operation of the institution? Yes No

If YES, please name: _____

License number: _____ Expiration date: _____

11. Has institution or any owner or officer been subject to any adverse action by state licensing entity? Yes No

If YES, provide name of entity, date(s) of action, nature of action and disposition.

12. Accreditation status (check appropriate item):

Accredited Non-accredited Candidate for accreditation

If accredited or candidate for an accreditation by association nationally recognized by the U. S. Department of Education, please list accrediting agency:

13. Date when institution initiated operation: _____

14. Enrollment limitations:

Maximum number of students that the institution feels it can educate and train:
_____ DAYS _____ EVE. _____ TOTAL Maximum teacher/student ratio: 1- _____

15. Advertising:

Has the Federal Trade Commission or state regulatory authority ever issued an order to your institution to cease and desist from any act or practice involving the utilization of advertising of any type which is erroneous or misleading either by actual statement, omission or intimation? Yes No

If YES, explain on separate sheet and attach to application.

Part II. STATEMENT OF ASSURANCE:

In the following paragraphs, the term, VETERAN, denotes veterans, eligible persons and reservist students under Title 38, United States Code.

1. The institution must furnish to each veteran student, prior to enrollment, a copy of the institution's current catalog/bulletin, a copy of the student handbook (if applicable), a copy of the program outline, schedule of tuition, fees, and other charges (if applicable), refund policy (if applicable) and regulation pertaining to standards of progress, attendance and conduct.
2. The institution will maintain a written record of the previous education and training of each veteran and clearly indicate that appropriate credit has been given by the institution for previous education and training. Also, the training period will be shortened, and the veteran and the VA so notified. Records of previous education and training must be part of the veteran's record.
3. It is understood and agreed that the institution develops, establishes and enforces a policy for veterans relative to standards of conduct.
4. It is understood and agreed that a veteran must meet the institution's requirements in attendance in order to remain in training under the veterans training program. The institution must send a "Change of Status" notice (VA Form 22-1999b) to the VA (within 30 days) when the veteran ceases to maintain institution's attendance standards.
5. It is understood and agreed that the institution will maintain adequate records to show the progress of each veteran.
 - (a) Records must be sufficient to show continued pursuit at the rate (i.e., full-time, $\frac{3}{4}$ time, half-time) for which enrolled and certified.
 - (b) Records must show changes in student status (i.e., from full-time to half-time or withdrawing from program). It is essential that a Change of Status (VA Form 22-1999b) be submitted to the VA on a timely basis (within 30 days) when there is a change in status.
 - (c) Accumulative permanent records must include final grades in each subject for each term, quarter or semester.
 - (d) Institution must send a Change of Status (VA Form 22-1999b) notice to the VA (within 30 days) when the veteran ceases to make satisfactory progress.
6. It is understood and agreed that the following refund policy will be applied to veterans enrolled in non-accredited programs: In the event a veteran or eligible person fails to enter the program, or withdraws or is discontinued therefrom at any time prior to completion, the amount charged to the veteran/eligible person for tuition fees, and other charges for a portion of the program shall not exceed the approximate pro rata portion of the total charges for tuition, fees, and other charges that the length of the completed portion of the program bears to its total length.
7. The institution will promptly notify the Division of Veterans/Military Education (State Approving Agency) of any changes in the catalog or revisions of existing programs, institution policies or procedures.

- 8. The institution will make available the records and necessary data required for approval for review by representatives of the Division of Veterans/Military Education (State Approving Agency).
- 9. The institution will retain a veteran's records for at least three (3) years.
- 10. It is understood and agreed that charges for tuition, fees, etc. for veterans are not in excess of charges made for other regular students pursuing the same program of instruction.
- 11. The institution does not utilize erroneous or misleading advertising, either by actual statement, by omission, or by intimation. The institution shall maintain a complete record of all advertising utilized by the institution during the preceding 12-month period.
- 12. It is understood and agreed that the institution will not enroll veterans under the provisions of federal legislation in excess of 85% of the total number of students enrolled in the program.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION, ATTACHMENTS AND CURRENT INSTITUTION CATALOG/BULLETIN IS TRUE AND CORRECT IN CONTENT AND POLICY.

I understand that the approval of any program(s) for veterans training will be withdrawn immediately by the State Approving Agency if and when it is determined that the institution has made a false statement or has failed to meet any of the requirements of said statute and rules and regulations adopted thereunder.

Signature of Authorized Institution Official

Date Signed

FOR SAA USE ONLY

Effective date of approval: _____

STATE APPROVING AGENCY
APPROVAL SIGNATURE

DATE