



THE  
U.S. Department of  
**EDUCATION**

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# Updating and Maintaining your Institutional Eligibility Status for Title IV Participation



# *Applying and Reporting Responsibilities*

- The regulations were reorganized so that changes requiring an institution to apply and wait for ED's approval are listed under §600.20—Expanding eligibility.
- Changes that must be reported but do not require ED's approval are listed under §600.21 – Updating your eligibility.



# *Expand Institutional Eligibility*

- Recertification
- Add a location (if required by §600.20)
- Increase level of program offering
- New program (outside scope)
- Short term program





# *Update Application Information*

- Name Change
- Address Change
- Change in Official of the Institution--  
(President, Fiscal Officer, Financial Aid Administrator)
- Change in Official of the Ownership Entity



# *Update Application Information*

- Change in Method of Measurement (e.g. clock hours to credit hours or semester to quarter hour)
- Add or drop a Third Party Servicer
- Report a new location (unless required to apply under §600.20)



# *Update Application Information*

- Change Accreditor -tell us when you begin the change
- Change in State Authorization
- Change in Governance of a Public Institution
- Closure of a Branch or Location



## *Recertification*

- Need to submit a materially complete application 90 days prior to expiration of the Program Participation Agreement (PPA).
- The Department will notify the institution 6 months prior to the expiration of the PPA.

## *Additional Location*



- All Schools **MUST** either **APPLY** for Approval in accordance with §600.20

*Or*

- **REPORT** the location in accordance with §600.21

# *Additional Location*

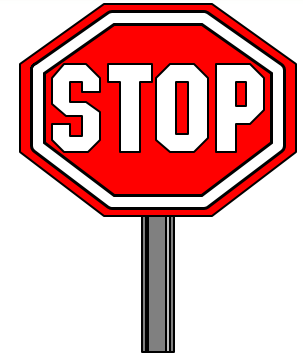


...if the institution:

- Offers at least 50% or more of an educational program at the location
- and**
- It wishes to give Title IV funds to students at that location.



## *Additional Location*



- The institution must **APPLY** and wait for the Department's approval before it can disburse Title IV funds for students at the new location if it meets any of the following conditions identified in §600.20: The institution-

## ***Additional Location***

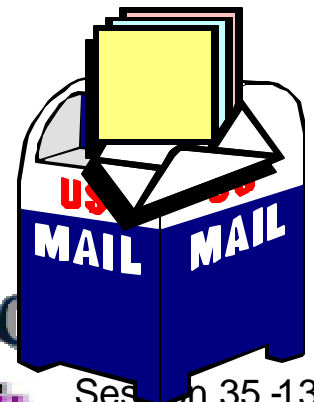
- Is provisionally certified,
- Is funded under the reimbursement or cash monitoring payment method,
- Has acquired the assets of another institution that participated in Title IV during the preceding year,
- Is subject to loss of eligibility under §668.188 (cohort default rate), or
- Was notified by ED that the school must “apply”.



## ***Additional Location***

- If you do not meet one of the conditions in §600.20, you can disburse Title IV funds to student at the new location **AFTER...**
- You have submitted a MATERIALLY complete application including mailing all supporting documents for the licensed and accredited location.

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## *Closure of a Location*

- The institution must report a closure of a location using the Application within 10 days of the closure of the location, branch or main campus.



# *Increase Level of Educational Program Offering*

- Example: Currently approved for Associate Degree, now want to offer a Bachelor's degree.
- The institution must receive our approval before it disburses Title IV aid to students at the new level of Program Offering.



# *Adding Vocational Program*

- If the program is outside the current scope of educational offering, you must apply for approval for the program if you wish to give Title IV aid to students in that program.
- If the new program is a short-term program, you must also apply for approval of that type of program.



## ***Clock to Credit Hours***

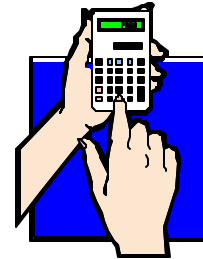
- We need the number of clock hours to apply the clock to credit hour formula.
- ED will only approve credit hours up to the amount that is approved by the state and accrediting agencies AND meets our clock to credit hour formula.



# ***Clock to Credit Hours Exemptions***

- Each course within the program is acceptable toward that school's associate degree, bachelor's degree, or professional degree provided that the institution's degree requires at least two academic years of study.
- Public or private nonprofit hospital-based school of nursing that awards a diploma.

## *Clock to Credit Hour Formula*



- Calculate by dividing 30 into the number of clock hours if the program is offered in semester or trimesters credit hours.
- Calculate by dividing 20 into the number of clock hours if the program is offered in quarter credit hours.
- Must round down.



# *Clock to Credit Hours*

## *Examples in Semester Hours*

<u>State</u>		<u>Accreditor</u>		<u>ED</u>
Clock	Credit	Clock	Credit	Credit
930	31	930	31	31
930	33	930	33	31
930	28	930	28	28





## *Short Term Programs*

- Eligible for FFEL and Direct Loans only.
- Must be between 300 and 599 clock hours
- At least 10 weeks in length.
- Cannot be more than 50% of state required minimum hours.



## *Short Term Programs*

- Must have been legally authorized to provide and continuously provide the program during the 12 months preceding the application date.
- Must admit as regular students some students who have not completed an associate degree.
- Must provide undergraduate training that prepares a student for gainful employment in a recognized occupation.

## *Short Term Programs*

- Substantiated completion rate of at least 70%.
- Substantiated placement rate of at least 70% in related job fields.
- Rates must be reported in the annual audit (financial/compliance).
- If rates are not met, the program is not eligible for the next award year.
- Institution can apply for re-approval of the program once it again meets the program eligibility requirements.



# *Applying for or Reporting Expansions and Updates*

- Use the Application for Approval to Participate in Federal Student Financial Aid Programs.
- In question 1, select the purpose “update” and make the appropriate selection from the “pick list”.
- Complete the information for the appropriate question(s) and Section L of the Application.
- Mail the Signature page and the supporting documents to the address provided.

## *Features of the EAPP*

- Many Questions are Prepopulated
- Edit Checks
- Help Text
- Skip Features
- Status Messages





# *Where Do You Find the Application?*

The Application for Approval to Participate in Federal Student Financial Aid Programs can be found at:

***[www.eligcert.ed.gov](http://www.eligcert.ed.gov)***

E-App - Netscape

File Edit View Go Communicator Help

 **Schools Portal: E-App for Schools** **Help** 

U.S. Department of Education  
Federal Student Aid

"We Help Put America Through School"

[Schools Portal](#) | [Help Center](#) | [Feedback](#) | [Privacy](#)

### E-App Features

- Use the [E-App](#) to recertify or update information
- [Check Status](#) of Application
- [Display](#) your Application
- Information for [Initial Applicants](#)
- How to [customize your mailing address](#) for FSA publications

### Resources

- [Application in PDF](#)
- [FSA Handbook](#) (See Institutional Eligibility, Vol. 2 for more information on eligibility and updating requirements.)

## Welcome to the Electronic Version of the [Application for Approval to Participate in the FSA Programs](#)

Postsecondary institutions use the E-APP to apply for designation as an eligible institution, initial participation, recertification, reinstatement, change in ownership, or to update a current approval.

Updates include changes such as, but not limited to, name or address change, new location or program, increased level of offering, change of officials, or mailing address for publications.

**"ED" prefix:** You must type **ED** immediately before your User Name (8-digit OPE ID number) and Password (9-digit TIN).  
For instance:

User Name: **ED**099999900  
Password: **ED**999999999

**Foreign schools:** Your password is your mail code without spaces or if you do not have a mail code, the first 9 characters of your country name. This password also must be preceded by "ED." For instance:

User Name: **ED**099999900  
Password: **ED**N6C2P6 or **ED**SWEDEN

Document: Done

Index for Application for Approval to Participate - Netscape

File Edit View Go Communicator Help



# Application for Approval to Participate in Federal Student Financial Aid Programs

Case Management and Oversight, U.S. Department of Education

## Index

This application may be used by postsecondary institutions wishing to apply for designation as an eligible institution, initial participation, recertification, reinstatement, or change in ownership or to update a current approval.

### Case Team Contacts

Welcome to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

Introduction to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

### HELP

Additional help to assist you in completing the electronic application

### Section A

- Questions 1-9
- Questions 10-12
- Questions 13-14

General questions

CEO, chief financial officer, and financial aid director

Correspondence recipient and application contact

### Officials

Welcome

Introduction

Help

Document Done



Index for Application for Approval to Participate - Netscape

File Edit View Go Communicator Help

**Section B**  
Questions 15-16 *Accreditation and flight certification*  
Question 17 *State authorization*

**Section C**  
Questions 18-21 *Institutional control and structure*

**Section D**  
Questions 22-24 *For-profit institutions*  
Question 25 *Other entities owned*

**Section E**  
Question 26 *Education programs that you are requesting be eligible to participate in federal student financial aid programs*  
Question 27 *Ineligible institution agreements*  
Question 28

**Section F**  
Questions 29-30 *School locations*

**Section G**  
Questions 31-34 *Tele/corr courses, ability-to-benefit students, and incarcerated students*

**Section H**  
Questions 35-40 *Initial applications, reinstatements, and change in your ownership or structure*

**Section I**  
Questions 41-46 *Foreien institutions*

Accreditation

State Authorization

Add programs

Add location

New Title IV program

Document Done

Index for Application for Approval to Participate - Microsoft Internet Explorer

File Edit View Go Favorites Help

**Section I**  
[Questions 41-46](#) *Foreign institutions*  
[Questions 47-57](#) *Foreign graduate medical schools*

**Section J**  
[Question 58](#) *Third-party servicers*

**Section K**  
[Questions 59-70](#) *Administrative capability and financial responsibility*

**Section L**  
*Please have the appropriate person in authority review, sign, and date this document*

**Section M**  
*A list of documents which must be sent separately to ED*

**Submit Application**  
*After you have completed all of the necessary sections of the application, you must click here to submit the application to ED*

**NEW!**  
**Display Application**  
*Click here to display your entire application on one page for printing.*

**Application Status**  
*Check on the status of your application*

**Third Party Servicer**

**Supporting Documents**

**Display and print application**

Internet zone

Index for Application for Approval to Participate - Microsoft Internet Explorer

File Edit View Go Favorites Help

<a href="#">Application Status</a>	<i>Check on the status of your application</i>
<a href="#">Glossary</a>	<i>Words and phrases used in the "Application for Approval to Participate in Federal Student Financial Aid Programs"</i>
<a href="#">Listing for Question 15</a>	<i>Recognized Accrediting Agencies</i>
<a href="#">Listing for Question 27</a>	<i>Classification of Instructional Program (CIP) Codes</i>
<a href="#">Privacy Act Disclosure Notice</a>	
<a href="#">Application in PDF format</a>	<i>This application is available in Portable Document Format (PDF), which preserves the original typeface and layout of documents. In order to read, navigate, and print PDF files you will need the Adobe Acrobat reader; if you do not have Acrobat, you may download a free copy from <a href="#">Adobe Systems</a>.</i>
<a href="#">Initial Applicants</a>	<i>Instructions for schools that have never applied for Title IV certification</i>

OMB No. 1845-0012 Exp. Date 09/30/2002

[Department of Education](#)

Internet zone

**Status**

**Print blank application**

**Initial schools**

The image is a screenshot of a web browser window titled "Index for Application for Approval to Participate - Microsoft Internet Explorer". The browser's menu bar includes "File", "Edit", "View", "Go", "Favorites", and "Help". The page content is organized into a table with two columns: a left column containing links and a right column containing descriptive text. The links in the left column are: "Application Status", "Glossary", "Listing for Question 15", "Listing for Question 27", "Privacy Act Disclosure Notice", "Application in PDF format", and "Initial Applicants". The corresponding text in the right column is: "Check on the status of your application", "Words and phrases used in the 'Application for Approval to Participate in Federal Student Financial Aid Programs'", "Recognized Accrediting Agencies", "Classification of Instructional Program (CIP) Codes", (blank), "This application is available in Portable Document Format (PDF), which preserves the original typeface and layout of documents. In order to read, navigate, and print PDF files you will need the Adobe Acrobat reader; if you do not have Acrobat, you may download a free copy from Adobe Systems.", and "Instructions for schools that have never applied for Title IV certification". Below the table, there is a footer section containing "OMB No. 1845-0012 Exp. Date 09/30/2002" and a link to "Department of Education". At the bottom right of the browser window, it says "Internet zone". Three red ovals with black arrows point to specific elements: one oval labeled "Status" points to the "Application Status" link; another oval labeled "Print blank application" points to the "Application in PDF format" link; and a third oval labeled "Initial schools" points to the "Initial Applicants" link.

Index for Application for Approval to Participate - Netscape

File Edit View Go Communicator Help

**Welcome**

**Introduction**

**Help**

**Section A**

Questions 1-9

Questions 10-12

Questions 13-14

**Section B**

Questions 15-16

Question 17

**Section C**

Questions 18-21

**Section D**

Questions 22-24

Question 25

**Section E**

Question 26

Welcome to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

Introduction to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

Additional help to assist you in completing the electronic application

General que  
CEO, chief  
Corresponde

Accreditation  
State authorization

Institutional control and structure

For-profit institutions  
Other entities owned

Education programs that you are requesting be eligible to participate in federal student

**Username and Password Required**

Enter username for edrealm at eapp:

User Name:

Password:

OK Cancel

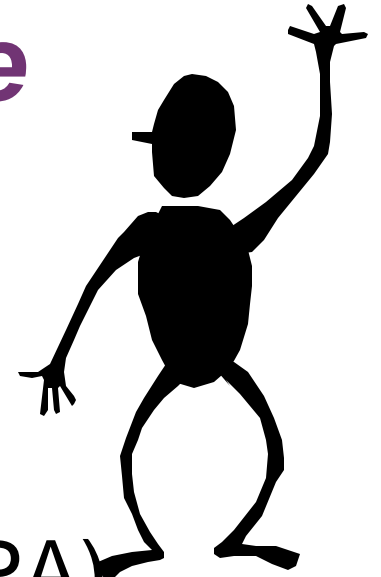
ED + 8-digit OPEID Number

ED + 9-digit Taxpayer Identification No.

Connect: Please enter password for host...



## ***But what if I don't know my user name or password?***



No problem - Just look on your Program Participation Agreement (PPA) or your Eligibility and Certification Approval Report (ECAR), or give the case team a call!



*You must always select a purpose.  
Check update, then click on the ▼.*

E-App Section A. - Netscape

File Edit View Go Communicator Help

Section A (page 1 of 3) [Help](#) OPE ID: 044444400 School Name: Test School Number Four  
No application has been started. 4321 Main Street  
Fairfax, VA

---

### Section A. Please answer these general questions.

1. Tell us why you are submitting the application. (You may check more than one box.)

- ☐ **Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
- ☐ **Change in institutional ownership or structure.** This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
  - ☐ Check here if requesting a preacquisition review.
- ☐ **Recertification.** This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
- ☐ **Designation as an eligible institution.** This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
- ☐ **Reinstatement.** This is a request to be reinstated to participate in federal student financial aid programs and/or to be redesignated as an eligible institution for other HEA programs.
- ☒ **Update Information.** The purpose of this application is to update information about the institution.  
If you check "Update Information," please select at least one purpose from the pick-lists below.

# Choose the purpose from the choices in the picklist

**E-App Section A. - Netscape**

File Edit View Go Communicator Help

**Section A (page 1 of 3) [Help](#)**      **OPE ID:** 04444400      **School Name:** Test School Number Four  
4321 Main Street  
Fairfax, VA

No application has been started.

---

**Section A. Please answer these general questions.** **Additional location**

1. Tell us why you are submitting the application. (You may check more than one box.)

☐ **Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.

☐ **Additional Location - 08**

☐ Accrediting Agency - 12  
Add/Drop a Title IV, HEA Program - 20  
Address Change - 30  
Board of Directors - 32  
Change Educational Measurement - 21  
Change Phone/Fax Number or Internet Address - 28  
Financial Aid Administrator - 19  
Increase Level of Offering of Educational Programs - 26  
Merger of Two Institutions - 06  
Name Change - 29  
Name and Address - Change Both - 11  
Nondegree Program - 15  
Officials/Directors of Institution - 17  
Officials/Directors of Ownership Entity - 18  
Short-Term Training Program - 16  
☒ State Authorizing Agency - 13  
Third Party Servicer - 31  
Foreign Sch - Postsecondary Authorization - 33  
Additional Location - 08


request to participate in federal student financial aid  
er HEA programs following a change in institutional

federal student financial aid programs and to continue to  
s either in response to a recertification notice from us or  
(PA) will expire soon.

designated as an eligible institution so that your students  
so that your institution may apply to participate in  
programs, including the Hope and Lifetime Tax Credits.  
e in federal student financial aid programs and/or to be

ate information about the institution.  
urpose from the pick-lists below.

Document: Done

 E-App Section A. - Netscape

File Edit View Go Communicator Help

☐ **Other (specify)**

2. What is the name of your institution?

3. Do you have another name under which you legally do business as a postsecondary educational institution?

☐ Yes ☒ No

If yes, what is that name?

4. During the past four years, have you had another name that you have not previously reported to the Department of Education?

☐ Yes ☒ No

If yes, what was that name?

☐ Check here if you are an institution resulting from a merger in the past four years that you have not previously reported to the Department of Education, and give the OPE ID numbers of the former (pre-merger) institutions. (You must enter the merger date in Question 19 (Section C)).

OPE ID	TIN	Location Name
<input type="text"/>	<input type="text" value="00"/>	
<input type="text"/>	<input type="text" value="00"/>	
<input type="text"/>	<input type="text" value="00"/>	

If you entered merger information, [Click here](#) to redisplay this page to see the former schools' TIN numbers and names.

Document Done



E-App Section A. - Netscape

File Edit View Go Communicator Help

5. What are the first 6 digits of your 8-digit OPE ID number?  
Current OPE ID (or former OPE ID if seeking reinstatement)  
044444 00

6a. What is your 9-digit Tax Identification Number (TIN) assigned by the IRS?  
(This does not apply to foreign schools.)  
111111111 (If changing the TIN, please provide an explanation in Question 69 (Section K) except for Change in Ownership).

6b. What is your 9-digit DUNS number?  
111111111

7. What was your most recently completed award year?  
Beginning Date: 07/01/ 2001  
Ending date: 06/30/ 2002

8. What is your current award year?  
Beginning Date: 07/01/ 2002  
Ending date: 06/30/ 2003

9. (Optional) Does your institution have a website (or home page) on the Internet?  
☐ Yes ☐ No  
If yes, list the electronic address (URL).

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

Document Done

E-App Section A. - Netscape

File Edit View Go Communicator Help

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If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

---

**You must click the "OK/Save Data" button to save your changes.**

---

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
- ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
- ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)

---

**Where do you want to go next?**

- ☐ Redisplay page to enter more merger records.
- ☐ Redisplay this page
- ☒ Continue to next page
- ☐ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

or

Document Done

Everything's OK

Ignore the edit  
& keep going

Just looking

# Select the section you want to go to next

E-App Section A. - Netscape

File Edit View Go Communicator Help

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If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

---

**You must click the "OK/Save Data" button to save your changes.**

---

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
- ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
- ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)

---

**Where do you want to go next?**

- ☐ Redisplay page to enter more merger records.
- ☐ Redisplay this page
- ☒ Continue to next page
- ☐ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Document: Done

Defaults to next page

Select section you want

Index



## *New Enhancement to the EAPP for Updates*

If the school chooses only one purpose, the choice “continue to next page”, will take you directly to the page you want to go, instead of you having to put in the appropriate section in “Go to Section ☐”.

E-App Section F. - Netscape

File Edit View Go Communicator Help

Foreign Province Country Postal Code

30. Provide the following information for any of your locations (other than your principal location) that meet any one of these three criteria and at which you provide educational programs to students whom you wish to participate in federal student financial aid programs:

- It is a location where students could complete 50% or more of an educational program that you offer during the current award year.
- or
- It is a location where students could complete at least 50% of an educational program over a two-year period (consisting of the current award year and the most recently completed award year).
- or
- It is a location where you provide any educational programs if, during the past two-year period (consisting of the current award year and the most recently completed award year), you told students that they could complete at least 50% of any educational programs there.

	Need More Info	Approved	OPE ID	Location Name	City and State	End Date
<a href="#">Update/Review Location</a>		Yes	04444401	Test School Number Four - Arlington Campus	Arlington, VA	

[Click here to add a location.](#) ← **Add new location**

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

http://eapp/eapp/owa/q30?ope=044444&loc=

**Section F** (page 2 of 2) [Help](#)**OPE ID:** 044444400**School Name:**

Test School Number Four

Your Additional Location  
application has NOT been submitted.

4321 Main Street  
Fairfax, VA

**30. Name of Location****Business street address****City****County****State****Zip****Zip+4**

-

**Foreign Province****Country****Postal Code****OPE ID DUNS number (Optional)**

(If you do not have a DUNS number, you can contact Dun & Bradstreet at 1-800-333-0505 to have a number assigned.)

**Would you like to receive mailings from the Department at this location?**☒ **Yes**☐ **No**

☐ Check here if the mailing address is different from the address above, and provide the mailing address below.

Would you like to receive mailings from the Department at this location?

☒ Yes ☐ No

☒ If you checked "Yes" above and the mailing address is different from the address above, then check here and provide the mailing address below.

Mailing address

P.O. Box 123

City

Alexandria

State Zip Zip+4

VA 22111 - 1123

Foreign Province

Country

Postal Code

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

**Please select one of the following 3 actions:**

E-App Section F. - Netscape

File Edit View Go Communicator Help

Would you like to receive mailings from the Department at this location?

☒ Yes ☐ No

☒ Check here if the mailing address is different from the address above, and provide the mailing address below.

Mailing address

P.O. Box 123

City

Alexandria

State Zip Zip+4

VA 22111 - 1123

Foreign Province Country Postal Code

☐ Check here to delete this Location.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

**Please select one of the following 3 actions:**

☒ Check here if you are satisfied with your entries on this page.

Document Done

If you added it,  
You can delete it



If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
- ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
- ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)

**Where do you want to go next?**

- ☐ Return to Section F
- ☐ Add another location
- ☐ Display next location
- ☐ Continue to Section G
- ☒ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

Go to the  
signature page

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

OK/Save Data

or

Restore Original Values

Section L (page 1 of 1) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Additional Location

application has NOT been submitted.

4321 Main Street

Fairfax, VA

## Section L. Please have the appropriate person in authority review, sign, and date this document.

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 I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

Signature of President/CEO/Chancellor

Date

 (mm/dd/yyyy format)

Name of institution

**Test School Number Four**

Name of President/CEO/Chancellor

☒ Check here if this is the same person as in Question 10 (Mr. George A. Washington). If not, complete the information below.

Prefix

First name

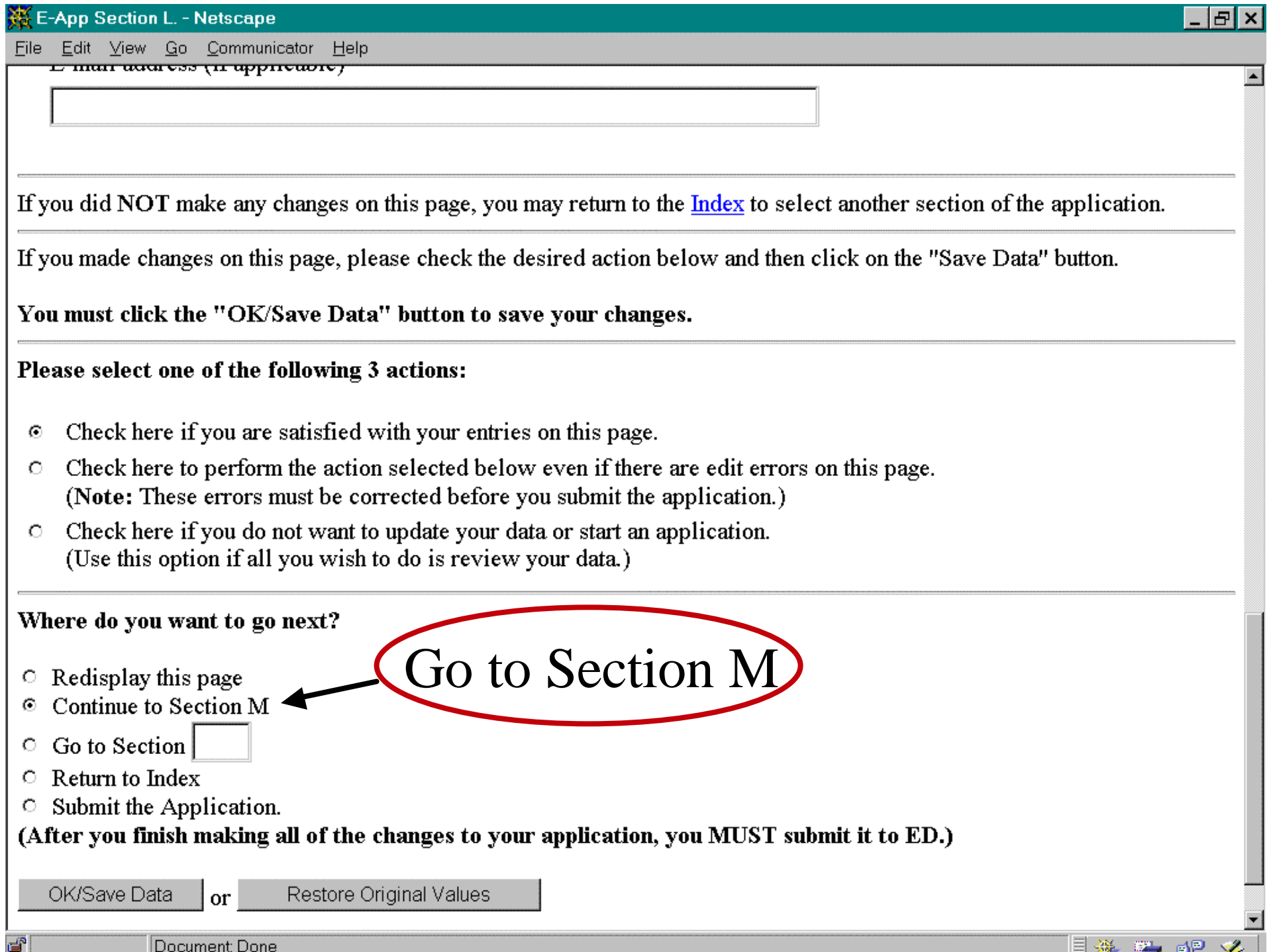
MI

Last name

Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

Check if president signs  
the app and print page



# Section M tells you what documents to mail

**E-App Section M. - Netscape**

File Edit View Go Communicator Help

**Section M** (page 1 of ) [Help](#)      **OPE ID:** 04444400      **School Name:** Test School Number Four  
Your Additional Location      4321 Main Street  
application has NOT been submitted.      Fairfax, VA

---

**Section M. Please include copies of appropriate documents as part of your application.**

Because Test School Number Four has been designated as a Proprietary institution on this application, and because this application is for Additional Location, the following documents must be submitted in order to complete this application.

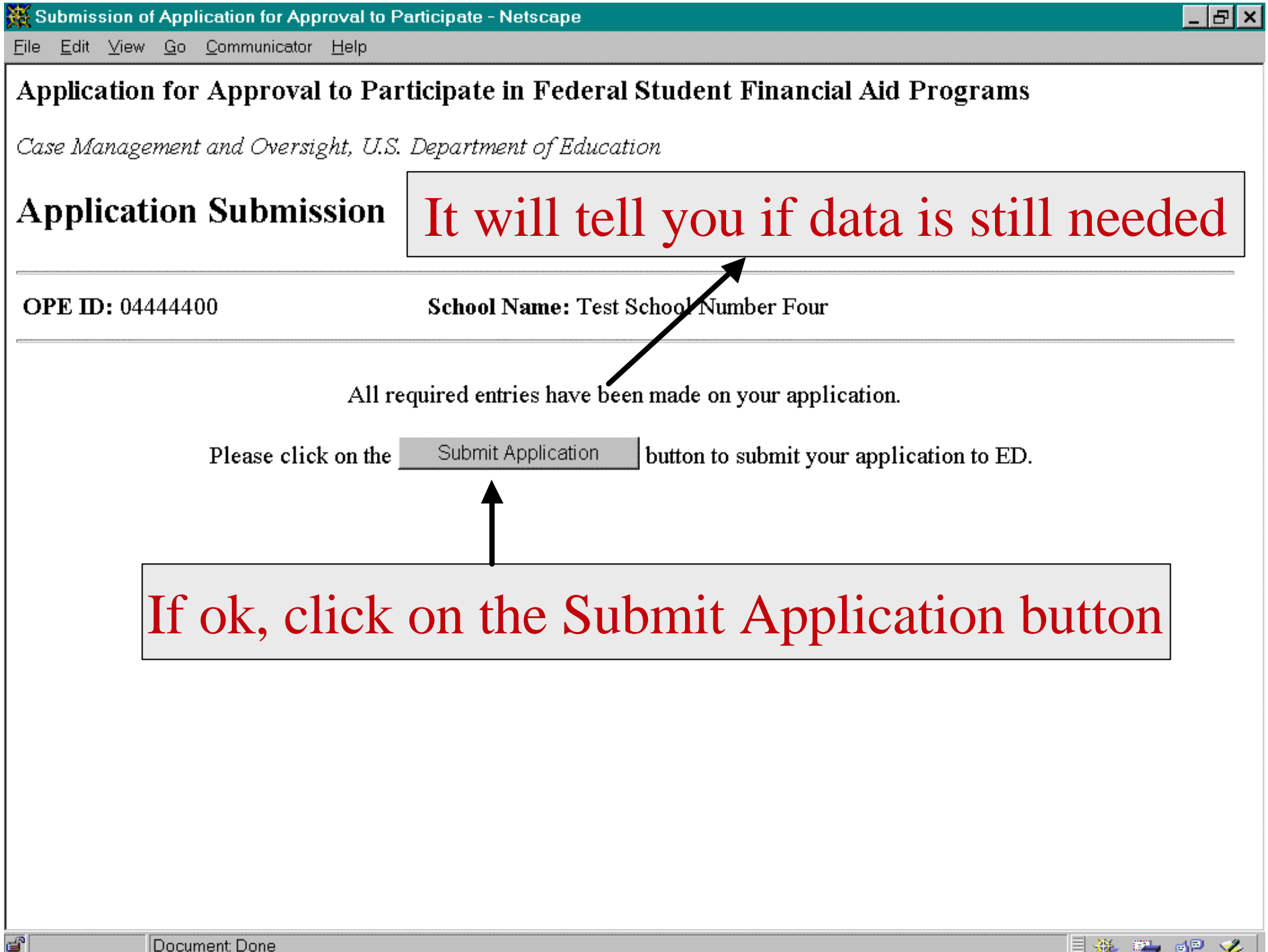
- Signature Page (Print [Section L](#) and sign it.)
- Current letter of accreditation
- Valid state license or other authorization

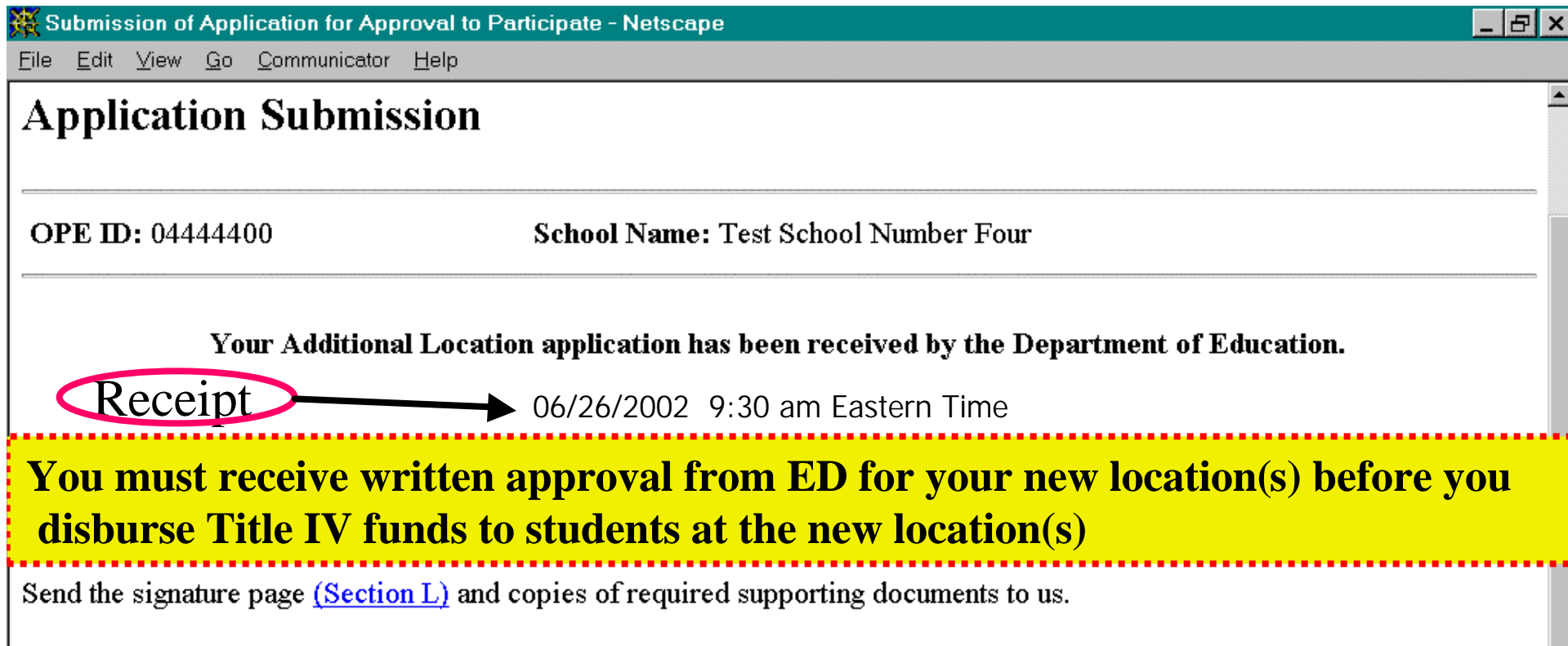
Please [Print](#) this page, provide the SSN for each owner listed below, and submit it with your required supporting

**Next, click on the Application Submission page hot link!**

If you are finished with your application, use the [Application Submission page](#) to submit it or return to Electronic Application [Index](#) to access another section of the Application.

Document: Done





U.S. Department of Education  
Case Management and Oversight  
Data Management and Analysis  
Document Receipt and Control Center  
830 First Street, NE  
Room 7111  
Washington, DC 20002



## *Add a new program (nondegree/vocational)*

- Go to Section A - Question 1 (Purpose)
- Select "Nondegree Program"
- Go to Section E - Question 27
- Enter New Program
- Go to Section L - President's signature

E-App Section A. - Netscape

File Edit View Go Communicator Help

Section A (page 1 of 3) [Help](#) OPE ID: 044444400 School Name: Test School Number Four  
No application has been started. 4321 Main Street  
Fairfax, VA

---

**Section A. Please answer these general questions.** **Nondegree program**

1. Tell us why you are submitting the application. (You may check more than one box.)
  - ☐ **Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
  - ☐ **Change in institutional ownership or structure.** This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
    - ☐ Check here if requesting a preacquisition review.
  - ☐ **Recertification.** This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
  - ☐ **Designation as an eligible institution.** This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
  - ☒ **Update Information.** The purpose of this application is to update information about the institution.  
If you check "Update Information," please select at least one purpose from the pick-lists below.  

Nondegree Program - 15

Document Done



E-App Section A. - Netscape

File Edit View Go Communicator Help

---

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

---

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
- ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
- ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)

---

**Where do you want to go next?**

- ☐ Redisplay page to enter more merger records.
- ☐ Redisplay this page
- ☒ Continue to next page
- ☐ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

**(After you finish making all of the changes to your application, you ~~MUST~~ submit it to ED.)**

or

Document Done

E-App Section E. - Netscape

File Edit View Go Communicator Help

**Section E** (page 2 of 3) [Help](#) **OPE ID:** 04444400 **School Name:** Test School Number Four

Your Nondegree Program application has NOT been submitted. 4321 Main Street  
Fairfax, VA

---

27. If you checked boxes **e.**, **g.**, **h.**, or **i.** in Question 26 provide the following information.

a. Since you did not check box **e.** in question 26, question 27a is not displayed.

b. Since you checked box **g.** or **h.** in question 26, you can click on the hot link to update information about your non-degree undergraduate programs.

**Update current program**

	Need More Info	Approved	Institution's Program Name	CIP Code	# of weeks	Clock hours	Credit hours	Type
<a href="#">Update/Review Program</a>		Yes	Accounting	52.0301	30	900	30	Semester
<a href="#">Update/Review Program</a>		Yes	Accounting for Corporation	52.0302	30	720	24	Semester

[Click here to add an undergraduate non-degree program.](#) **Add new program**

c. Since you did not check box **i.** in question 26, question 27c is not displayed.

---

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

Document Done

Section E (page 2 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Nondegree Program  
application has NOT been submitted.

4321 Main Street  
Fairfax, VA

## 27. Name of program

CIP code ([A list of CIP Codes accompanies this application.](#))

Date first provided

(mm/dd/yyyy format)

Number of Weeks

Clock hours (number of hours) of instruction (*This is required information.*)

Number of credit hours

Type of Hours (check one)

☐ semester ☐ trimester ☐ quarter ☐ clock ☐ other

Do you award an equivalent degree ([see glossary](#)) as determined by the U.S. Secretary of Education to a student who successfully completes this program?

☐ Yes ☐ No

Click here to get a  
list of CIP Codes

E-App Listing for Question 27. - Netscape

File Edit View Go Communicator Help

**Listing for Question 27:** (Click your browser's "Back" button to return.)

**Classification of Instructional Program (CIP) Codes**

**(alphabetical by program name)**

HINT: To copy and paste the CIP Code into Question 27, highlight the code, press Ctrl-C, press your browser's back button, click on the CIP Code field and press Ctrl-V.

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J] [K] [L] [M] [N] [O] [P] [Q] [R] [S] [T] [U] [V] [W] [X] [Y] [Z]

52.0301 Accounting

52.0302 Accounting Technician

52.0399 Accounting, Other

40.0809 Acoustics

50.0503 Acting and Directing

52.0802 Actuarial Science

51.2701 Acupuncture and Oriental Medicine

31.0502 Adapted Physical Education/Therapeutic Recreation

34.0104 Addiction Prevention and Treatment

13.0402 Administration of Special Education

52.0401 Administrative Assistant/Secretarial Science, General

52.0499 Administrative and Secretarial Services, Other

13.0403 Adult and Continuing Education Administration

13.1201 Adult and Continuing Teacher Education

09.0201 Advertising

15.0801 Aeronautical and Aerospace Engineering Tech /Technician

Select the appropriate letter

Document Done

E-App Listing for Question 27. - Netscape

File Edit View Go Communicator Help

13.9999	Education Other
13.0604	Educational Assessment, Testing and Measurement
13.0601	Educational Evaluation and Research
13.0699	Educational Evaluation Research and Statistics, Other
13.0802	Educational Psychology
13.0603	Educational Statistics and Research Methods
13.0404	Educational Supervision
13.0501	Educational/Instructional Media Design
10.0101	Educational/Instructional Media Tech./Technician
20.0602	Elder Care Provider/Companion
15.0399	Electrical and Electronic Engin.-Related Technol./Technicians, Other
47.0101	Electrical and Electronics Equipment Installer and Repairer, General
47.0199	Electrical and Electronics Equipment Installer and Repairer, Other
46.0301	Electrical and Power Transmission Installer, General
46.0399	Electrical and Power Transmission Installer, Other
15.0303	Electrical, Electronic and Communications Engin. Tech./Technician
<b>14.1001</b>	<b>Electrical, Electronics and Communication Engineering</b>
48.0104	Electrical/Electronics Drafting
46.0302	Electrician
51.0902	Electrocardiograph Tech./Technician
51.0903	Electroencephalograph Tech./Technician
12.0404	Electrolysis Technician
15.0499	Electromechanical Instrumentation and Main. Technol./Technicians, Other
15.0403	Electromechanical Tech./Technician
40.0804	Elementary Particle Physics

Copy or Note the Appropriate CIP Code

Then hit the browser's "back" button

Document Done

E-App Section E. - Netscape

File Edit View Go Communicator Help

**Section E** (page 2 of 3) [Help](#) **OPE ID:** 04444400 **School Name:** Test School Number Four

Your Nondegree Program application has NOT been submitted. 4321 Main Street  
Fairfax, VA

---

27. Name of program

My new program

CIP code ([A list of CIP Codes accompanies this application.](#))

14.1001

Date first provided

01/10/2000 (mm/dd/yyyy format)

Number of Weeks

30

Clock hours (number of hours) of instruction (*This is required information.*)

900

Number of credit hours

31

Type of Hours (check one)

☒ semester ☐ trimester ☐ quarter ☐ clock ☐ other

Do you award an equivalent degree ([see glossary](#)) as determined by the U.S. Secretary of Education to a student who successfully completes this program?

☐ Yes ☒ No

Document Done

☐ Yes ☒ No

---

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

---

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
  - ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
  - ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)
- 

**Where do you want to go next?**

- ☐ Return to Question 27
- ☐ Add another program
- ☐ Display next program
- ☐ Continue to Section E page 3
- ☒ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

OK/Save Data

or

Restore Original Values



## *Add a new program (Cont.)*

- Go to Section M - Tells you what supporting documents to send
- Go to Application Submission Page - Tells you if there is any data missing
- Go to Submit Application - transmits the application & gives you a receipt
- Mail the Supporting Documents



# *How do I report a change of officials (President, Fiscal Officer, or Financial Aid Administrator)?*

No problem - the EAPP is the way to report the new officials





## ***Change Officials/Directors***

- Go to Section A - Question 1 (Purpose)
- Select “Officials/Directors of Institution”
- Go to next page, Section A, page 2
- Enter the new official, don’t forget to check the box “new person”
- Go to Section L - President’s signature

E-App Section A. - Netscape

File Edit View Go Communicator Help

Section A (page 1 of 3) [Help](#) OPE ID: 04444400 School Name: Test School Number Four

No application has been started. 4321 Main Street  
Fairfax, VA

---

## Section A. Please answer these general questions.

1. Tell us why you are submitting the application. (You may check more than one box.)
  - ☐ **Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
  - ☐ **Change in institutional ownership or structure.** This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
    - ☐ Check here if requesting a preacquisition review.
  - ☐ **Recertification.** This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
  - ☐ **Designation as an eligible institution.** This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
  - ☐ **Reinstatement.** This is a request to be reinstated to participate in federal student financial aid programs and/or to be redesignated as an eligible institution for other HEA programs.
  - ☒ **Update Information.** The purpose of this application is to update information about the institution.

If you check "Update Information," please select at least one purpose from the pick-lists below.

Officials/Directors of Institution - 17

Document Done

E-App Section A. - Netscape

File Edit View Go Communicator Help

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

☒ Check here if you are satisfied with your entries on this page.

☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)

☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)

Where do you want to go next?

☐ Redisplay page to enter more merger records.

☐ Redisplay this page

☒ Continue to next page

☐ Go to Section

☐ Return to Index

☐ Submit the Application.

Defaults to Section A, page 2

(After you finish making all of the changes to your application, you MUST submit it to ED.)

OK/Save Data

 or 

Restore Original Values

Document: Done

E-App Section A. - Netscape

File Edit View Go Communicator Help

**Section A** (page 2 of 3) [Help](#)      **OPE ID:** 04444400      **School Name:** Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.      4321 Main Street  
Fairfax, VA

---

10. Who is your chief executive officer (CEO)/president/chancellor?

☐ For name changes, check here if this is a new person.

Prefix      First name      MI      Last name      Suffix

Mr      George      A      Washington     

Job title

President

Business street address

4321 Main Street

City

Fairfax

State      Zip      Zip+4

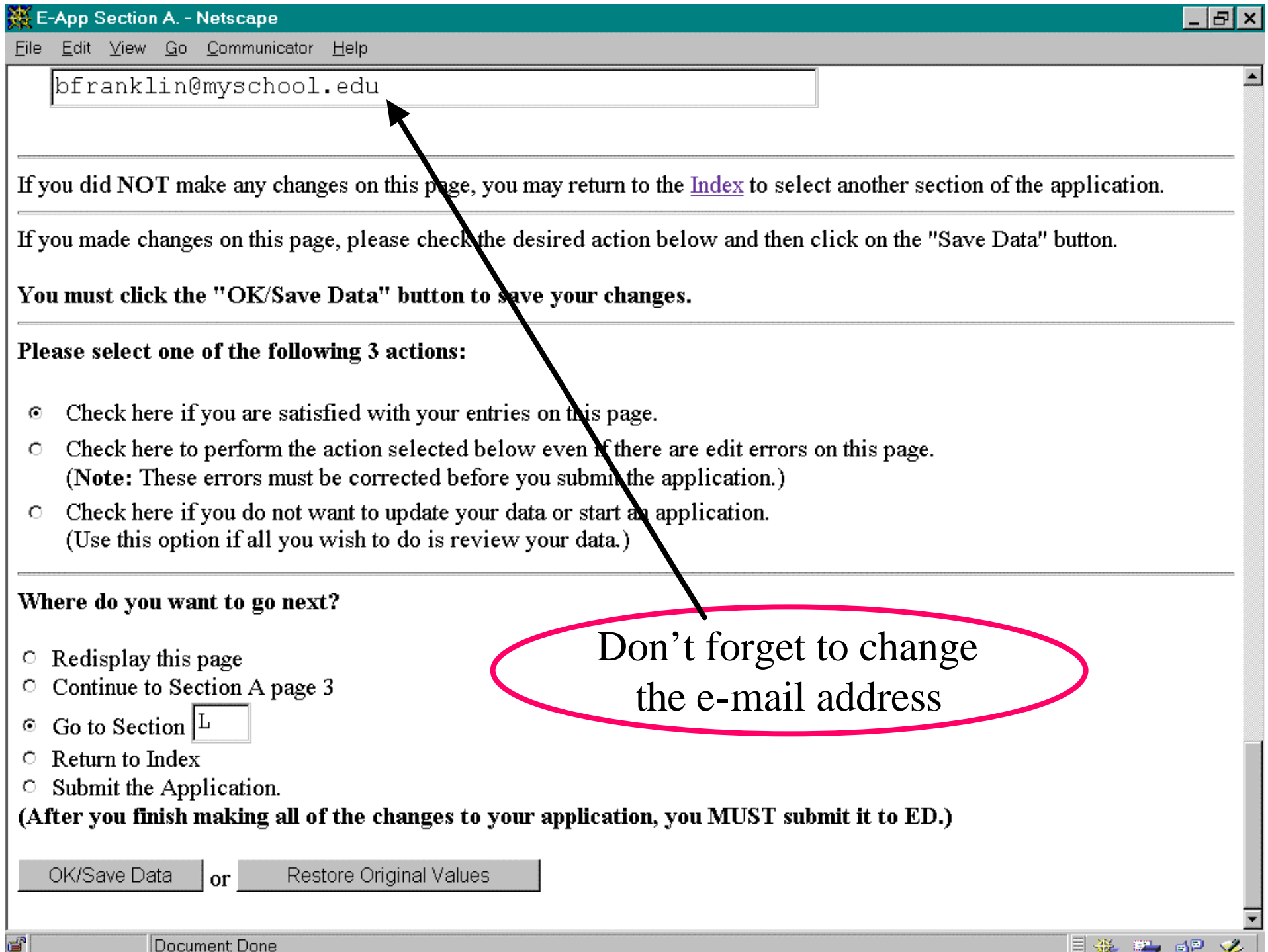
VA      22304      - 3234

Foreign Province      Country      Postal Code

Telephone number (including area code)

New Person

Document Done





## *Change of Officials (Cont.)*

- Go to Section M - Tells you what supporting documents to send
- Go to Application Submission Page - Tells you if there is any data missing
- Go to Submit Application - transmits the application & gives you a receipt
- Mail Supporting Documents



## ***But ...What About Comments?***

If you wish to provide additional information about the application or data you entered ...

- **Go to Section K**
- **Question 69**



69. **(Optional)** Use this area if you need extra space to tell us about any unusual circumstances or to provide additional explanations about your application.

**Note:** Please do not enter any double quote marks (") within the body of your comments.

Use this area to  
provide additional  
information or an  
explanation

70. **(Optional)** Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.

Prefix

First name

MI

Last name

Suffix

Job title

Business street address



# *How can you check on the status of your application?*



No problem -- go to the EAPP  
-- It's a Snap

Index for Application for Approval to Participate - Netscape

File Edit View Go Communicator Help

<b>Section I</b>	
<u>Questions 41-46</u>	<i>Foreign institutions</i>
<u>Questions 47-57</u>	<i>Foreign graduate medical schools</i>
<b>Section J</b>	
<u>Question 58</u>	<i>Third-party servicers</i>
<b>Section K</b>	
<u>Questions 59-70</u>	<i>Administrative capability and financial responsibility</i>
<b>Section L</b>	
	<i>Please have the appropriate person in authority review, sign, and date this document</i>
<b>Section M</b>	
	<i>A list of documents which must be sent separately to ED</i>
<b>Submit Application</b>	<b><i>After you have completed all of the necessary sections of the application, you must click here to submit the application to ED</i></b>
<u>Application Status</u>	<b>Status</b> <i>Check on the status of your application</i>
<u>Glossary</u>	<i>Words and phrases used in the "Application for Approval to Participate in Federal Student Financial Aid Programs"</i>
<u>Listing for Question 15</u>	<i>Recognized Accrediting Agencies</i>
<u>Listing for Question 27</u>	<i>Classification of Instructional Program (CIP) Codes</i>

Document Done



## Case Management Team Contacts

Internet: [IPOS@ed.gov](mailto:IPOS@ed.gov)

Boston team - (617) 223-9338

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

New York team - (212) 264-4022

New Jersey, New York, Puerto Rico, and the Virgin Islands

Philadelphia team - (215) 656-6442

Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Atlanta team - (404) 562-6315

Alabama, Florida, Georgia, Mississippi, North Carolina, and South Carolina

Chicago team - (312) 886-8767

Illinois, Minnesota, Ohio, and Wisconsin



## Case Management Team Contacts (continued)

Dallas team - (214) 880-3044

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Kansas City team – (816) 268-0410

Iowa, Kansas, Kentucky, Missouri, Nebraska, and Tennessee

Denver team - (303) 844-3677 x100

Colorado, Michigan, Montana, North Dakota, South Dakota, Utah, and Wyoming

San Francisco team - (415) 556-4295

Arizona, California, Hawaii, Nevada, American Samoa, Guam, Federated States of  
Micronesia, Palau, Marshall Islands, and Northern Marianas

Seattle team - (206) 615-2594

Alaska, Idaho, Indiana, Oregon, and Washington

Foreign School team - (202) 377-3168