

**MISSOURI
DEPARTMENT OF HIGHER EDUCATION**

**ANNUAL SURVEY FOR SCHOOLS WITH A
TWO-YEAR CERTIFICATE OF APPROVAL
TO OPERATE IN MISSOURI**

Pursuant to Sections 173.600 through 173.619, RSMo

Submitted By:

(Name of School)

Date of Submission:

**THESE FORMS VALID ONLY
IF SUBMITTED BY**

MARCH 15, 2016

PROPRIETARY SCHOOL ANNUAL DATA SURVEY FOR TWO-YEAR CERTIFICATION

INTRODUCTION

Purpose

This document is to be completed only by schools currently operating under a two-year certificate of approval within the state of Missouri. Failure to submit required information will result in the lapse of certification.

The department must receive your completed survey by the deadline of **March 15, 2016. Failure to submit a complete survey by March 15, 2016 may result in a late fee of \$10 per day, exclusive of Saturdays, Sundays and holidays, not to exceed a maximum of \$1,500.** Please submit your form to the Missouri Department of Higher Education, Proprietary School Certification, P.O. Box 1469, Jefferson City, Missouri 65102. For overnight delivery (FedEx, UPS, etc.), deliver to the Missouri Department of Higher Education, Proprietary School Certification, 205 Jefferson Street, 11th Floor, Jefferson City, Missouri 65101. It is recommended that you send the materials using a method that provides a return receipt so you can verify timely delivery.

Do **NOT** send your mid-term fee with this document.

Completion Options

All sections of the survey are available on the Department of Higher Education Internet site in Adobe Acrobat (PDF) document format or as a Microsoft Office document. Anyone with access to the Internet should be able to use these electronic resources. A copy of Acrobat Reader is available free at <http://get.adobe.com/reader/> if you wish to use that version of the survey. Any Word 97 or later release should be capable of accessing the related version of the survey.

There are two options for completing the survey.

Option One: You may download and print either version of the document in its entirety. If you are unable to access the document electronically, contact the Department of Higher Education, and we will send you a printed packet.

Option Two: You may complete the survey electronically. To complete the form in this manner, access the document from our Internet site, complete it electronically (either while connected to our site or by saving a copy to your hard drive) and save/print the completed survey. All data forms can be accessed separately from the survey by visiting our Internet site.

Submission Procedures

Once you have completed the survey, you must print, sign and initial all pages requiring original signatures or initials, and submit it to the department. Please **submit one** completed copy to the Department of Higher Education and **retain one** completed copy for your records. Do not submit the survey by e-mail or other electronic means.

Review Procedures

If you are notified that your survey is incomplete, provide the requested information promptly. Detailed review of the survey will not proceed until all materials are complete. Failure to submit the requested information in a timely manner may result in the assessment of a late fee and/or lapse of certification.

Completion of the evaluation process requires at least 45 days. ***You will receive written notification of the results of the evaluation.*** It is imperative that you **respond immediately** if you receive a request for additional information regarding your survey. If the department does not receive sufficient information to make a determination on your survey, your verification of continued certification may be delayed past the June 30 deadline.

When you receive confirmation that your survey is approved, you will be notified regarding the payment of the **annual fee** and the submission of verification of an adequate **security deposit**, both of which are required conditions of continued operation. Once those items have been received, the institution will be notified and an updated official **program inventory** will be issued.

Information and Assistance

If you have questions or require additional assistance, visit our [Internet site](#) or contact the Proprietary School Certification Program staff at (573) 751-2361.

SECTION I

ATTESTATION

By my signature, I affirm my understanding of and agreement with the following:

If this annual survey is approved, approval is valid only under the stipulations as set forth in the Missouri Code of State Regulations 6 CSR 10-5.010.

The Department of Higher Education may, on its own cognizance, provide information about this survey and the school to other governmental agencies and to accrediting associations. Public access to the department's files on the school will be in accordance with Missouri's open records law.

The signatures and/or initials contained within this survey are those of an official of the school legally authorized to act on behalf of the school and attest to the fact that the school is in compliance with all applicable rules and regulations and will maintain compliance throughout the term of the certificate of approval.

The statements and information in this survey are certified to be true and correct.

Signature of Owner or Chief Administrator

Typed or Printed Name

Title

Date of Signing

Name of Person Initialing the Survey (if different than person signing above) (Please Print)

Title

SECTION II

INSTITUTIONAL INFORMATION

INSTRUCTIONS

The Department of Higher Education is responsible for compiling, analyzing, publishing and distributing descriptive information about the proprietary school sector. The data reported in this section may be aggregated and reported in a statistical summary produced by the Department.

This section contains five data collection forms (Program Inventory, Personnel, Finance, Student Financial Aid, and Enrollment, Completion and Employment). The information collected in this section pertains to the school's eligibility for certification and about its students.

Location, Ownership, Control and Accreditation:

The information provided identifies the official name, physical location(s), mailing address, telephone and facsimile numbers, and the web address of the school. Additionally, it establishes the type of ownership and control of the institution and the status of the institution with any accrediting or approving agencies.

This section also provides information regarding branch campuses and/or extension sites maintained by the institution. For purposes of certification to operate, a **branch campus** is defined as a geographically separate and permanent instructional facility, which is derived from and controlled by its main campus. A branch campus may provide complete and distinct programs and employ unique or shared instructional and administrative personnel. A branch may produce and maintain its own institutional and student records. An **extension site** is defined as any geographically separate and either temporary or permanent instructional facility located within reasonable geographic proximity to a main or branch campus, which is entirely auxiliary to and operated by a main or branch campus. An extension site does not provide distinct programs, employ significant administrative personnel, or maintain its own institutional or student records.

- *Please note that if there are any changes to the institutional information provided in this section, you must notify the Department at least thirty days prior to the effective date of that change. For more information, visit our [website](#).*

Instructions for each of the data collection reports may be found immediately before the required form.

LOCATION/OWNERSHIP/CONTROL/ACCREDITATION

1. Official School Name (as it should appear on the school's certificate to operate):

2. Physical Address of the Main Missouri Campus:

Mailing Address, if different:

School Telephone Number:

School Facsimile Number:

School Website, if applicable:

Branch Campus Information
Branch DHE Code: -
(See lower right corner of branch certificate.)

Physical Address: _____

Mailing Address, if different:

Telephone Number: _____ Facsimile Number: _____

Name of Designated Campus Contact: _____

Title of Designated Campus Contact: _____

DUPLICATE AND ATTACH ADDITIONAL PAGES AS NEEDED

This form is available separately from the complete survey. If you are completing the survey electronically, click [here](#) to access a separate copy of this page for use in completing additional pages as needed.

Extension Site Information

Extension of Which School Location: _____

Physical Address: _____

Mailing Address, if different:

Telephone Number: _____ Facsimile Number: _____

Name of Designated Site Contact: _____

Title of Designated Site Contact: _____

DUPLICATE AND ATTACH ADDITIONAL PAGES AS NEEDED

This form is available separately from the complete survey. If you are completing the survey electronically, click [here](#) to access a separate copy of this page for use in completing additional pages as needed.

PROGRAM INVENTORY INSTRUCTIONS SURVEY ITEM 3

This item requests information about the inventory of instructional programs to be offered by the school during the 2015-2016 certification year. This item establishes the programmatic scope of the school's continued certificate of approval and must **accurately** and **completely** report each instructional program offered by the school. This item is **crucial** and requires extreme diligence in its completion.

Item 3 must include, for each **currently approved** instructional program offered:

- The appropriate CIP code.
- The official program title as it appears in school publications.
- The length of the program in weeks.
- The number and type of hours required for completion of the program. Under type, please indicate semester credit hours (SCH), quarter credit hours (QCH) or contact hours (CH). If progress and completion are not measured in hours, please enter OTR, report the number of lessons or other measures used for this purpose, and attach an explanation/definition of these items.
- Tuition, fees, and other costs of enrolling in and completing the program.
- The exact designation of the award granted upon satisfactory completion of the program.

The inventory provided with this SURVEY will be compared to the school's currently approved inventory to identify any variations.

- *Please note that any substantial changes to the programmatic offerings of the school, including the initiation of new programs, must be approved by the Department before implementation. **The department expects schools to follow the procedures on the [website](#) for the initiation of all new programs and substantive changes.***
- *This form (survey Item 3) is available separately from the complete survey. If additional pages of the form are necessary to report branch information or more programs than one form will allow, please click [here](#) for access as needed.*

**PLEASE NOTE THAT SCHOOLS OPERATING BRANCH CAMPUSES MUST
COMPLETE A SEPARATE ITEM 3 FOR EACH BRANCH**

(DHE code may be found in the lower right corner of the current certificate of approval)

Item 3: Program Inventory for Annual Survey

School Name: _____ Location/City: _____ Branch Code: _____ -

For each instructional program offered, provide the information requested below. See the previous page for additional information.

CIP Code	Program Title	Length (weeks)	Hours		Tuition	Fees	Cost of Books & Supplies	Award	
			Number	Type				Non-degree (Cert.)	Degree (AAS, BS, etc.)
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	
				Select				None	

Duplicate this page if additional space is needed and for each branch location

PERSONNEL DATA

INSTRUCTIONS

All schools must complete Item 4. This form reports the number of administrative and instructional staff for each location of the school, and whether they are full-time or part-time. The information provided on this form verifies the institution employs adequate administrative and support staff and a sufficient number of qualified instructors.

Please note that while it is possible for a school to employ one person as both an administrator and an instructor, it is not appropriate to list that person as full-time in both categories or full-time in one category and part-time in the other. In this instance, the person should be reported as part-time in both categories.

Please report these data for the main campus and each branch campus of the school. **Duplicate as necessary to complete a report for the main and each branch campus.** The identification number for each campus is located in the lower right corner of the current certificate of approval.

- *This form (survey Item 4) is available separately from the complete survey. If additional pages of the form are necessary to report branch information, please click [here](#) for access as needed.*

**Item 4
Personnel Data
List Total Number in Each Category**

Main Campus DHE Identification Number: - 00

Personnel Category	Full-Time	Part-time
Administrative		
Instructional		

Branch Campus DHE Identification Number: -

Location/City: _____

Personnel Category	Full-Time	Part-time
Administrative		
Instructional		

Branch Campus DHE Identification Number: -

Location/City: _____

Personnel Category	Full-Time	Part-time
Administrative		
Instructional		

Branch Campus DHE Identification Number: -

Location/City: _____

Personnel Category	Full-Time	Part-time
Administrative		
Instructional		

DUPLICATE AND ATTACH ADDITIONAL FORMS AS NEEDED

This form is available separately from the complete survey. If additional pages of the form are necessary to report branch information, please click [here](#) for access as needed.

FINANCIAL STATEMENT

INSTRUCTIONS

The income and expenditure data submitted in this section provide a basis for determining the school's compliance with the standards requiring a sound and adequate financial structure supporting continued operation of the school. This section of the survey includes a financial statement showing major categories of income and expenditure for the last completed school fiscal year, and reports the certification fee and security deposit requirements that are based on that financial information. As a financial report for all school-related activities, a single financial statement should be submitted that includes information for all campuses and instructional locations operated under the Missouri location identified in items 1 and 2. Completion of the included financial statement is a required part of the annual survey for continued certification. Other financial statements may be attached as supporting documentation but *may not be substituted* in lieu of this statement.

Name of School: Official name of the school as shown in survey item 1.

School ID: Enter the DHE identification number from the main campus certificate to operate (located in the lower right corner).

Item 45: Enter the 12-month period for which data are reported, as determined by the school. The time period for this report should be the most recent fiscal year for which financial information is available.

Signature of School Owner or Chief Administrative Officer: This line **must** include an **original signature** of one of the indicated school officers.

- *The information contained in the financial statement establishes the amount of the annual fee (Item 14) and the security deposit requirement (Item 15). The formula for calculating the amount of each is described in the related survey item. Do **NOT** submit the annual fee or the security deposit with this survey. Information concerning the submission of those items will be provided after the survey has been reviewed and approved.*

The security deposit, as required by law, must cover any and all Missouri locations and school agents, must specifically identify the location reported in survey items 1 and 2, and must remain in place continuously in order for the school to maintain its certificate of approval. Compliance must be by a performance surety bond, irrevocable letter of credit, or cash bond secured by a certificate of deposit.

- *Because this form requires an original signature, a signed original of this form must be submitted with the survey.*
- **This form is available separately from the complete survey. If another copy of this page is needed, please click [here](#) for access.**

Coordinating Board for Higher Education

Financial Statement

Income and Expenditures for the Most Recently Completed School Fiscal Year

Name of School: _____	DHE ID: _____ - 00
School Address: _____	

5. Reported fiscal year starts _____ and ends _____ .

INCOME:

6. Tuition (All tuition less refunds, books, tools and supplies.)

--

7. Fees (Not included in tuition.)

--

8. Total Tuition and Fees (Sum of Items 6 and 7.)

\$0

9. Other Income (Including books, tools and supplies.)

--

10. Total Income (Sum of Items 8 and 9.)

\$0

EXPENDITURES:

11. Payroll (Total for all employees, not including fringe benefits.)

--

12. Nonpayroll Expenditures

--

13. Total Expenditures (Sum of Items 11 and 12.)

\$0

The information provided on this financial statement is correct and accurate to the best of my knowledge.	
_____	_____
Signature of School Owner or Chief Administrative Officer	Date

Typed or Printed Name and Title	

ANNUAL FEE AND SECURITY DEPOSIT REQUIREMENT

14. The dollar amount of the annual fee must be calculated by the school as described below:

\$.0013 multiplied by Item 8 (net tuition and fee income for the preceding year)

$$$.0013 \times \underset{\text{Item 8}}{\$0} = \$0$$

If the amount calculated is less than the minimum of \$500, the annual fee for the school will be \$500. If the amount calculated is greater than the maximum of \$5,000, the fee will be \$5,000. For amounts calculated that fall between these numbers, please round to the nearest dollar.

Please enter the amount of the certification fee: _____

DO NOT SUBMIT THE ANNUAL FEE WITH THIS SURVEY

15. The dollar amount of the security deposit requirement must be calculated by the school as described below:

Ten (10) percent multiplied by Item 6 (preceding year's gross tuition income)

$$0.10 \times \underset{\text{Item 6}}{\$0} = \$0$$

If the deposit amount calculated is less than the minimum of \$5,000, the security deposit required for the school will be \$5,000. If the deposit amount calculated is greater than the maximum of \$100,000, the security deposit required for the school will be \$100,000. For those amounts calculated between these two numbers, please round to the nearest dollar.

Please enter the amount of the security deposit: _____

If replacement of the security deposit or increase in the amount of the deposit currently on file is required, it will be requested prior to final approval.

DO NOT SUBMIT SECURITY DEPOSIT MATERIALS WITH THIS SURVEY

**STUDENT FINANCIAL AID AWARDED BY SOURCE
FORM DHE 14-P**

INSTRUCTIONS AND EXPLANATIONS

This report provides data about the amount and types of financial assistance your students received during the most recently completed financial aid award year. This information is reviewed for internal consistency with enrollment information and other survey items. It is also compared to income and expenditure data to assess the school's financial stability with regard to dependence on student financial assistance programs.

School name, ID number (found on the lower right hand corner of the certificate), authorized signature and reporting period should be completed regardless of whether financial aid was available or delivered during the past year. The authorized signature is the signature of the official responsible for data correctness and integrity. The reporting period is the 12-month period for which the data is reported, as determined by the school.

Student Financial Aid Not Available: Initial the blank if this statement applies to your school and skip to the next survey item (DHE 27-P). *If students are eligible for financial assistance, skip this item and complete lines 1 through 14 for programs available at the school, even if the total amount delivered was zero.*

Line 1 through Line 7--Federal Programs: For each federal source of financial aid listed on these lines, report the number of students who received funds from that source of financial aid during the reporting period and the total dollar amount of financial aid disbursed from that source.

Line 8--State Administered Federal Programs: For each federally funded student financial assistance program listed on this line, report the number of students who received funds and the total dollar amount of aid disbursed from that source. If funds were delivered from other governmental sources of this type, please attach a report that identifies each program and reports the number of students served and the total amount disbursed. Record the total for programs listed in this separate report under the "other" heading on this line.

Line 9--State Funded Programs: For each state funded student financial assistance program, report the number of students who received funds from that source of financial aid during the reporting period and the total dollar amount of financial aid disbursed from that source.

Lines 10 through Line 12--Institutional Programs: For each institutional source of financial aid listed in lines 10 through 12, report the number of students who received funds from each source during the reporting period and the total dollar amount of aid disbursed from that source.

Line 13--Other Financial Aid Sources: Report the number of students and the total dollar amount disbursed for any financial aid program not reported in lines 1 through 13. This should include any private loan programs, such as Sallie Mae (SLM) or Key Bank. If financial assistance is awarded from other sources not listed elsewhere on this form, **attach a separate sheet listing each program and the amount awarded.** Record the total for programs listed in this separate report under the "other" heading on this line.

Line 14 – Number of Students Column: Enter the total **UNDUPLICATED** number of students receiving financial aid from all sources during the reporting period. In most instances this entry **WILL NOT** equal the sum of all the entries in lines 1 through 13 of the Number of Students column since some students receive financial aid from more than one source. Unduplicated means that no student is counted more than once.

Line 14 - \$ Amount Awarded Column: Enter the total amount of financial aid awarded from all sources during the reporting period. This entry **WILL BE** the sum of all entries in lines 1 through 13 of that column. If student financial aid funds were available, but no funds were delivered, please enter a zero on this line.

- *Because this form requires an original signature, a signed original of this form must be submitted with the survey.*

**Coordinating Board for Higher Education
Student Financial Aid Awarded by Source
(DHE 14-P)**

DHE - 00			
ID Number from Certificate _____		School Name _____	
_____ Authorized Signature			
Reporting Period: 12-month period ending on _____ .			
Student Financial Aid Not Available (Initial if applicable____)			
Source of Aid	Line	Number of Students	\$ Amount Awarded
Federal Programs			
Pell Grants	01		
Supplemental Education Opportunity Grants	02		
College Work Study	03		
Perkins Loans	04		
Direct Subsidized Student Loans	05		
Direct Unsubsidized Student Loans	06		
Direct PLUS Loans	07		
State Administered Federal Programs	08		
Workforce Investment Act (WIA)			
Vocational Rehabilitation (VR)			
Trade Readjustment Act (TRA)			
Other (specify)			
State Funded Programs			
State Funded Programs (specify)	09		
Institutional Programs			
Grants/Scholarships	10		
Loans	11		
Jobs	12		
All Other Financial Aid Sources	13		
Sallie Mae (SLM)			
Key Bank			
Other (Specify)			
Unduplicated Number of Students and Total Financial Aid Dollars	14		\$0

**PROGRAM COMPLETIONS AND EMPLOYMENT
FORM DHE 27-P
INSTRUCTIONS AND EXPLANATIONS**

This report provides information about the enrollment and outcomes of students enrolled at each location of the school. **A SEPARATE FORM MUST BE COMPLETED FOR THE MAIN CAMPUS AND EACH BRANCH CAMPUS OPERATED BY THE SCHOOL.** The information reported by the school is useful in reviewing institutional performance.

Name of the School: The official name of the school as shown in survey item 1.

School ID: The assigned DHE ID number, as shown in the lower right hand corner of the previous year's certificate to operate.

Authorized Signature: This is the signature of the school official who is responsible for the data correctness and integrity.

Section I – Student Enrollment: This section provides a summary of enrollment information. Please enter the number of students (head count) enrolled at the school any time during the 12 month period ending December 31, 2015. This information will be compared with other data provided in the survey.

Section II – Student Placement: If the school provides students/graduates with organized and systematic assistance with finding employment, check the YES box and enter the placement rate and the reporting period. This rate should be calculated in accordance with the requirements of your accrediting commission. The reporting period may be a calendar year, fiscal year, or any other 12-month period for which documentation is available. If the school does not offer placement assistance or services, check the NO box. **Regardless, all other sections of this form must be completed.**

Section III – Program Completions:

Column (1): Program Name – Enter the name of each program offered by the school (as it appears in survey item 3, the official program inventory) from which students graduated during the reporting period. If the program name changed during the year, please use the most recent title. If the program is no longer offered, please use the last reported name.

Column (2): CIP Code – For each program listed, enter the appropriate Classification of Instruction Programs (CIP) code. The CIP codes listed for each program must agree with the code listed on the official program inventory (item 3). If the CIP code was changed or the program was deleted, use the last reported program code.

Column (3): Award – If a degree program, enter the specific degree; e.g., AAS, BS, etc. If a nondegree award, enter “Cert.” for certificate.

Column (4): Completers – Enter the number of students who graduated from each program during the 12 month period ending on December 31, 2015.

DHE 27-P
INSTRUCTIONS AND EXPLANATIONS
(CONTINUED)

Section IV – Employment of Graduates: Data provided in this section should be based on the best information available to and maintained by the school **as of the date of the completion of the survey**. It is understood that the accuracy of this data is limited by the school’s knowledge of student actions after graduation. No individual should be reported more than once in columns 5 through 11.

Column (5): Training Related – Enter the number of graduates of the program employed in the occupation or job category for which training was offered.

Column (6): Nontraining Related – Enter the number of graduates of the program employed in jobs not requiring the program training.

Column (7): Further Education – Enter the number of graduates of the program that did not enter employment but enrolled in any school for further education.

Column (8): Military – Enter the number of graduates of the program that entered military service rather than employment.

Column (9): Unavailable – Enter the number of graduates of the program that, for reason of death, illness, or other legitimate causes, have been unavailable for employment.

Column (10): Available but not Employed – Enter the number of graduates of the program not included in other categories that were available for employment but were not employed.

Column (11): Unknown – Enter the number of graduates of the program for which the school simply has no information.

Column (12): Total – The entry in each line of Column (12) must be the sum for that line of Columns (5) through (11) and must be the same number entered in Column (4) of that line.

Totals: Compute and enter totals of Columns (4) through (12). If additional pages are needed, duplicate the page as necessary but *show the totals only on the final page of the DHE 27-P report for each location of the school.*

- *All schools, whether maintaining a placement service or not, are required to report the number of students in each category of Columns (5) through (10) of which the school has knowledge. **This is a report of employment, not a report of placement.***
- *This form (DHE 27-P) is available separately from the complete survey. If additional pages of the form are necessary to report branch information or more programs than one form will allow, please click [here](#) for access as needed.*
- *Because this form requires an original signature, a signed original of this form must be submitted with the survey.*

**Coordinating Board for Higher Education
Enrollment, Completion and Employment (DHE 27-P)**

Name of School _____ DHE Identification Number: -

Authorized Signature _____

Section I – Student Enrollment
The total headcount enrollment for the campus for **calendar year 2015** was _____.

Section II – Student Placement
This school provides student placement assistance YES/ NO. If the answer is YES, complete the remainder of Section II. The most current school placement rate for which documentation is available is _____ % and the twelve month reporting period this rate covers is _____ to _____.

Complete Sections III and IV regardless of whether or not the school offers placement assistance. (See instructions on previous pages.)

Section III – Program Completion (January 1 through December 31, 2015)				Section IV – Employment of Graduates (Known as of completion date of the survey)							
Program Name (1)	CIP (2)	Award (3)	Completers (4)	Training Related Jobs (5)	Non- training related Jobs (6)	Further Education (7)	Joined Military (8)	Unavailable for Employ- ment (9)	Available but not Employed (10)	Unknown (11)	Total (12)
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
Totals			0	0	0	0	0	0	0	0	0

Duplicate this page if additional space is needed and for each branch location

SECTION III

EXHIBITS

Exhibit 1 – Administrative Personnel: Schools are not required to submit information on administrative personnel unless this information has been revised since the last recertification update.

Exhibit 2 – Additional Financial Reports: If you are submitting additional financial information, include it in this exhibit.

Exhibit 3 – Supplemental Information: If you are submitting information to supplement your survey, or a narrative explanation concerning an attestation, include it as Exhibit 6.

Schools approved for two-year certifications are not required to submit copies of publications, enrollment agreements, or transcripts of recent graduates.

- *Please note that if there were any changes to your publications, enrollment agreement or transcript during the previous year, you should submit a copy to the Department for review.* It is usually advisable to submit changes prior to the final printing of the document in order to avoid possible reprinting costs if changes are needed as a result of our review.

EXHIBIT ONE

PERSONNEL INFORMATION

Administrative Personnel

If the information has changed since the last recertification application, please complete a record for each of the school's principal administrative personnel. The form should be duplicated as necessary to provide sufficient records to list at least one administrative person for each category.

- Please indicate the primary location (main or branch campus) to which each person is assigned or at which he or she performs their administrative duties. This identification number is located in the lower right corner of the certificate of approval.
- Check all of the administrative functions that apply for each person. At a minimum, at least one individual should be designated for each of the listed categories. If duties are shared by multiple individuals, **please check only for the person with primary or lead responsibility for that function.** Check "Other Administrative Duties" for individuals with secondary responsibilities or for those with responsibilities not listed.
- **Only one person should be designated to receive the application for recertification, and only one person should be designated to receive the certificate of approval. While the same person may be designated for both, one person must be designated the primary contact for that function.**

Administrative Personnel Form

Name	
Title	
E-mail	
Telephone/Extension	

Identification Number of campus (Main or Branch) at which this person works (-)

If employed since the last recertification cycle, please check and attach a resume.

Administrative Function (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> President/Chief Administrator | <input type="checkbox"/> Main Campus Director |
| <input type="checkbox"/> Branch Campus Director | <input type="checkbox"/> Chief Academic Officer |
| <input type="checkbox"/> State Licensing Liaison | <input type="checkbox"/> Financial Officer |
| <input type="checkbox"/> Student Financial Assistance Officer | <input type="checkbox"/> Data Coordinator |
| <input type="checkbox"/> Other Administrative Duties (specify) | |

Check if the following documents should be sent to this person's attention:

- | | |
|--|--|
| <input type="checkbox"/> Application for recertification | <input type="checkbox"/> Certificate of approval |
|--|--|

Name	
Title	
E-mail	
Telephone/Extension	

Identification Number of campus (Main or Branch) at which this person works (-)

If employed since the last recertification cycle, please check and attach a resume.

Administrative Function (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> President/Chief Administrator | <input type="checkbox"/> Main Campus Director |
| <input type="checkbox"/> Branch Campus Director | <input type="checkbox"/> Chief Academic Officer |
| <input type="checkbox"/> State Licensing Liaison | <input type="checkbox"/> Financial Officer |
| <input type="checkbox"/> Student Financial Assistance Officer | <input type="checkbox"/> Data Coordinator |
| <input type="checkbox"/> Other Administrative Duties (specify) | |

Check if the following documents should be sent to this person's attention:

- | | |
|--|--|
| <input type="checkbox"/> Application for recertification | <input type="checkbox"/> Certificate of approval |
|--|--|

Duplicate and attach additional pages as needed. If you are completing the survey electronically, click [here](#) to access a separate copy of this page for use in completing additional pages as needed.