

What's Your Institutional Type?

To find your school type, check all the items in the categories below that apply to your school

Admissions, Accreditation, and Legal Authorization

My institution: (should check all)

- _____ is legally authorized by the state where it offers postsecondary education to provide a postsecondary educational program
- _____ is accredited by a nationally recognized accrediting agency or has met the alternative requirements
- _____ admits as regular students only persons with a high school diploma (or its recognized equivalent) or persons beyond the age of compulsory attendance in the state where the institution is located

Program Offered

***This is called a "short-term program"; it may only participate in Direct Loan and FFEL Programs, and it must also meet specific qualitative standards.**

My institution offers: (check all that apply)

- (a) _____ a program that provides an associate, baccalaureate, graduate, or professional degree
- (b) _____ at least a two-year program acceptable for full credit toward bachelor's degree
- (c) _____ at least a one-year training program that leads to a degree, certificate, or other recognized educational credential and prepares students for gainful employment in a recognized occupation.
- (d) _____ training for gainful employment in a recognized occupation **and** meets the criteria of at least one category in the next column
- (d1) _____ at least a 15-week undergraduate program, 600 clock hours, 16 semester or trimester hours, or 24 quarter hours (may admit students without associate degrees or equivalent)
- (d2) _____ at least a 10-week program, 300 clock hours, 8 semester or trimester hours, or 12 quarter hours (must be a graduate/professional program, or must only admit students with associate degrees or equivalent)
- (d3) _____ at least a 10-week undergraduate program, 300-599 clock hours; must admit some students without an associate degree or equivalent*

Two-Year Rule

My institution: (check if applicable to your school)

- (e) _____ has been legally authorized to give (and has been giving) postsecondary instruction for at least two consecutive years.

Control

My institution is: (check all that apply)

- (f) _____ public (g) _____ private (h) _____ non-profit (i) _____ for-profit

Key

****Each institutional type is located in a state**

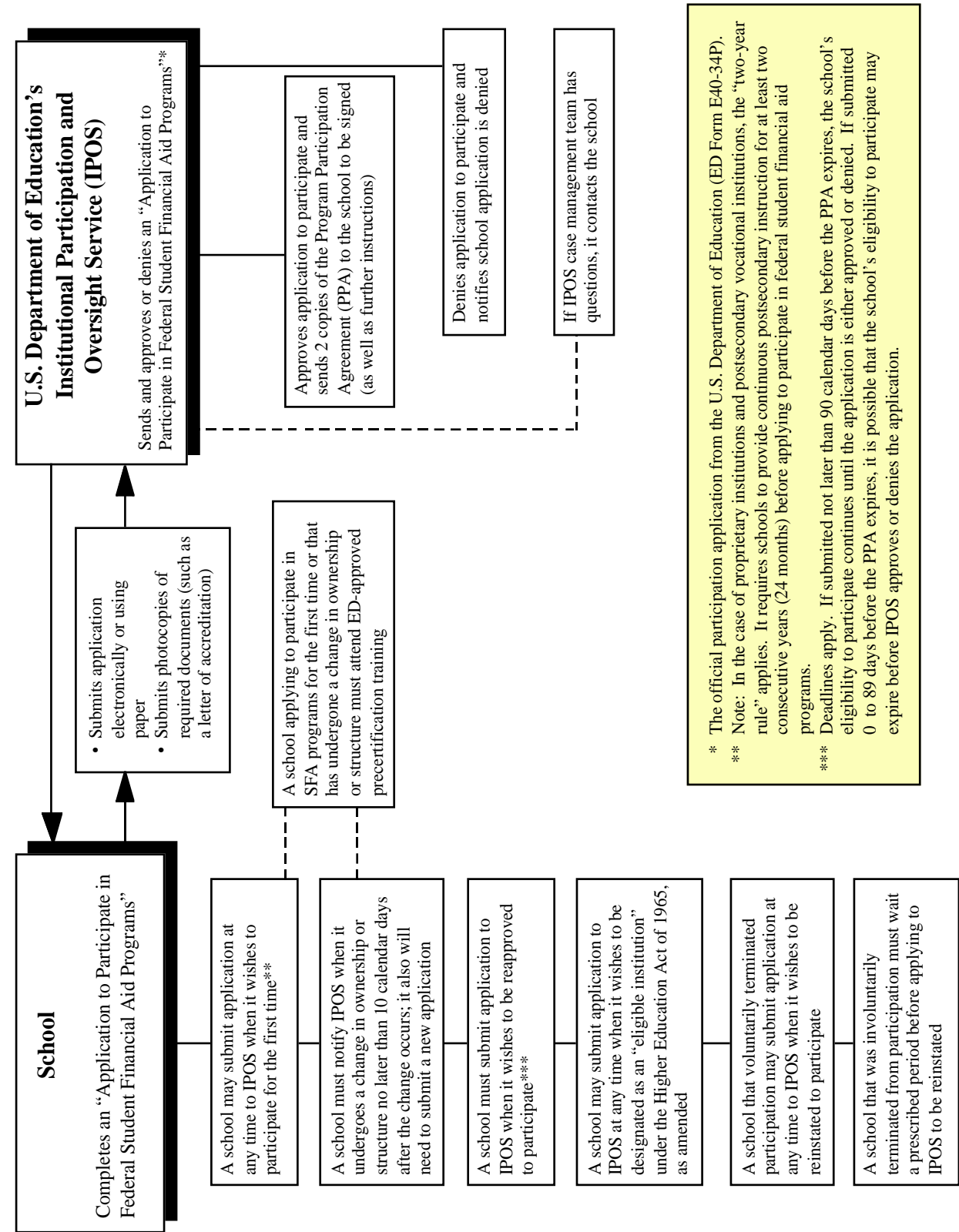
Use the key below to determine your institutional type:**

If you selected items **a** or **b** or **c**; **f** or **g**; and **h**; then your institutional type is **Institution of Higher Education**

If you selected items **d** (including **d1**, **d2**, or **d3**), **e**, **g**, and **i**; then your institutional type is **Proprietary Institution of Higher Education**

If you selected **d** (including **d1**, **d2**, or **d3**); **e**; **f** or **g**; and **h**; then your institutional type is **Postsecondary Vocational Institution**

Application for Approval to Participate in Federal Student Financial Aid Programs



NEED TO KNOW (cont'd)

NEED TO KNOW (cont'd)

Questions About Participating in Federal Student Aid Programs

If you have questions, please contact the appropriate ED Institutional Participation and Oversight Service (IPOS) case management team by telephone, fax, or Internet.

- If you are changing ownership or structure *or* requesting initial certification, contact the Initial Participation Branch at:
Telephone: (202) 260-3270 Fax: (202) 260-3605 Internet: IPOS@ed.gov
- If you are a foreign institution or foreign graduate medical school, contact the Foreign School Team at:
Telephone: (202) 205-0183 Fax: (202) 708-9527 Internet: IPOS@ed.gov
- For all other schools, contact the appropriate case management team identified on the next two pages.

NEED TO KNOW (cont'd)

If you are located in...	Contact the...	by telephone...	by fax...	or by Internet...
Alabama	Atlanta Team	(404) 562-6315	(404) 562-6321	IPOS@ed.gov
Alaska	Seattle Team	(206) 287-1770	(206) 553-0799	IPOS@ed.gov
American Samoa	San Francisco Team	(415) 437-8276	(415) 437-8206	IPOS@ed.gov
Arizona	San Francisco Team	(415) 437-8276	(415) 437-8206	IPOS@ed.gov
Arkansas	Dallas Team	(214) 767-3811	(214) 767-0336	IPOS@ed.gov
California	San Francisco Team	(415) 437-8276	(415) 437-8206	IPOS@ed.gov
Canal Zone	New York Team	(212) 264-4022	(212) 264-5025	IPOS@ed.gov
Colorado	Denver Team	(303) 844-3677	(303) 844-4695	IPOS@ed.gov
Connecticut	Boston Team	(617) 223-9338	(617) 223-4305	IPOS@ed.gov
Delaware	Philadelphia Team	(215) 596-0247	(215) 596-5074	IPOS@ed.gov
District of Columbia	Philadelphia Team	(215) 596-0247	(215) 596-5074	IPOS@ed.gov
Federated States of Micronesia	San Francisco Team	(415) 437-8276	(415) 437-8206	IPOS@ed.gov
Florida	Atlanta Team	(404) 562-6315	(404) 562-6321	IPOS@ed.gov
Georgia	Atlanta Team	(404) 562-6315	(404) 562-6321	IPOS@ed.gov
Guam	San Francisco Team	(415) 437-8276	(415) 437-8206	IPOS@ed.gov
Hawaii	San Francisco Team	(415) 437-8276	(415) 437-8206	IPOS@ed.gov
Idaho	Seattle Team	(206) 287-1770	(206) 553-0799	IPOS@ed.gov
Illinois	Chicago Team	(312) 886-8767	(312) 353-2836	IPOS@ed.gov
Indiana	Chicago Team	(312) 886-8767	(312) 353-2836	IPOS@ed.gov
Iowa	Kansas City Team	(816) 880-4053	(816) 891-0983	IPOS@ed.gov
Kansas	Kansas City Team	(816) 880-4053	(816) 891-0983	IPOS@ed.gov
Kentucky	Atlanta Team	(404) 562-6315	(404) 562-6321	IPOS@ed.gov
Louisiana	Dallas Team	(214) 767-3811	(214) 767-0336	IPOS@ed.gov
Maine	Boston Team	(617) 223-9338	(617) 223-4305	IPOS@ed.gov
Maryland	Philadelphia Team	(215) 596-0247	(215) 596-5074	IPOS@ed.gov
Massachusetts	Boston Team	(617) 223-9338	(617) 223-4305	IPOS@ed.gov
Michigan	Chicago Team	(312) 886-8767	(312) 353-2836	IPOS@ed.gov
Minnesota	Chicago Team	(312) 886-8767	(312) 353-2836	IPOS@ed.gov
Mississippi	Atlanta Team	(404) 562-6315	(404) 562-6321	IPOS@ed.gov
Missouri	Kansas City Team	(816) 880-4053	(816) 891-0983	IPOS@ed.gov
Montana	Denver Team	(303) 844-3677	(303) 844-4695	IPOS@ed.gov

NEED TO KNOW (cont'd)

If you are located in...	Contact the...	by telephone...	by fax...	or by Internet...
Nebraska	Kansas City Team	(816) 880-4053	(816) 891-0983	IPOS@ed.gov
Nevada	San Francisco Team	(415) 437-8276	(415) 437-8206	IPOS@ed.gov
New Hampshire	Boston Team	(617) 223-9338	(617) 223-4305	IPOS@ed.gov
New Jersey	New York Team	(212) 264-4022	(212) 264-5025	IPOS@ed.gov
New Mexico	Dallas Team	(214) 767-3811	(214) 767-0336	IPOS@ed.gov
New York	New York Team	(212) 264-4022	(212) 264-5025	IPOS@ed.gov
North Carolina	Atlanta Team	(404) 562-6315	(404) 562-6321	IPOS@ed.gov
North Dakota	Denver Team	(303) 844-3677	(303) 844-4695	IPOS@ed.gov
Northern Marianas	San Francisco Team	(415) 437-8276	(415) 437-8206	IPOS@ed.gov
Ohio	Chicago Team	(312) 886-8767	(312) 353-2836	IPOS@ed.gov
Oklahoma	Dallas Team	(214) 767-3811	(214) 767-0336	IPOS@ed.gov
Oregon	Seattle Team	(206) 287-1770	(206) 553-0799	IPOS@ed.gov
Pennsylvania	Philadelphia Team	(215) 596-0247	(215) 596-5074	IPOS@ed.gov
Puerto Rico	New York Team	(212) 264-4022	(212) 264-5025	IPOS@ed.gov
Republic of Palau	San Francisco Team	(415) 437-8276	(415) 437-8206	IPOS@ed.gov
Republic of the Marshall Islands	San Francisco Team	(415) 437-8276	(415) 437-8206	IPOS@ed.gov
Rhode Island	Boston Team	(617) 223-9338	(617) 223-4305	IPOS@ed.gov
South Carolina	Atlanta Team	(404) 562-6315	(404) 562-6321	IPOS@ed.gov
South Dakota	Denver Team	(303) 844-3677	(303) 844-4695	IPOS@ed.gov
Tennessee	Atlanta Team	(404) 562-6315	(404) 562-6321	IPOS@ed.gov
Texas	Dallas Team	(214) 767-3811	(214) 767-0336	IPOS@ed.gov
U.S. Virgin Islands	New York Team	(212) 264-4022	(212) 264-5025	IPOS@ed.gov
Utah	Denver Team	(303) 844-3677	(303) 844-4695	IPOS@ed.gov
Vermont	Boston Team	(617) 223-9338	(617) 223-4305	IPOS@ed.gov
Virginia	Philadelphia Team	(215) 596-0247	(215) 596-5074	IPOS@ed.gov
Washington	Seattle Team	(206) 287-1770	(206) 553-0799	IPOS@ed.gov
West Virginia	Philadelphia Team	(215) 596-0247	(215) 596-5074	IPOS@ed.gov
Wisconsin	Chicago Team	(312) 886-8767	(312) 353-2836	IPOS@ed.gov
Wyoming	Denver Team	(303) 844-3677	(303) 844-4695	IPOS@ed.gov



UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF POSTSECONDARY EDUCATION

May 1997

DCL _____

SUMMARY: How to report changes to the information you provided on your Application for Approval to Participate in Federal Student Financial Aid Programs.

Dear Colleague:

This letter tells you how to report changes to the information you provided on your Application Approval to Participate in Federal Student Financial Aid Programs (ED Form E40-34P). The two charts that follow show the information you need to keep up to date.

If sent by U.S. Postal Service, send all changes to the following address:

U.S. Department of Education
Institutional Participation Division
P.O. Box 44805
L'Enfant Plaza Station
Washington, DC 20026-4805

**If sent by commercial overnight mail/
courier delivery, send all changes to the
following address:**

U.S. Department of Education
Institutional Participation Division
7th and D Streets, SW
GSA Building, Room 3522
Washington, DC 20407

Information from the application that is not listed on these charts can be updated when you apply for recertification.

We hope that this information will help you observe our reporting requirements. If you have any questions, please call the appropriate case management team listed beginning on page 5 of the Introduction to the Application for Approval to Participate in Federal Student Financial Aid Programs.

Sincerely,

Elizabeth M. Hicks
Deputy Assistant Secretary for
Student Financial Assistance Programs

Note: If you close or file for bankruptcy, you must notify us within 10 calendar days by sending us a letter on your institution's letterhead. Tell us the date you closed (or plan to close) or the date you filed for bankruptcy.

Enclosures: Chart 1
Chart 2

600 INDEPENDENCE AVE., S.W. WASHINGTON, D.C. 20202

Chart 1

⇒ **Changes you must report to us, followed by the question number from the application. For these changes, you must receive our written approval or acknowledgment before you disburse federal student financial aid on the basis of the changes.**

To report a change in...	Use...
Accrediting agency*	Question 15
State authorizing agency	Question 17
Institutional structure	Question 18
Educational programs outside the scope of your current approval	Question 26
Addition of non-degree programs outside the scope of your current approval	Question 27
Changing from or to clock or credit hours	Question 27
Addition of a location	Question 30
Federal student financial aid programs for which you are approved**	Question 37
<i>For for-profit institutions only</i>	
Type of ownership	Question 22
Ownership	Question 24

Notifying us of any of these changes is a two-step process.

1. No later than 10 calendar days after the change is made, you must send us a letter on your institution's letterhead notifying us of the change and the date the change was made.
2. As soon as you have received approvals for the change from your accrediting agency and state authorizing agency, you must send us:
 - a letter on your institution's letterhead stating your 8-digit Office of Postsecondary Education Identification (OPE ID) number and your 9-digit Employer Identification Number(EIN);
 - copies of the approvals for the change;
 - the portion of the application on which you have entered the information that has changed; and
 - ◇ (Include any documentation asked for in the question. If necessary, use the space provided in Question 69 to supply additional information or explanations.)
 - Section L of the application that contains the original signature of the appropriate person.

We expect that within 35 days after we receive all of your information, either we will send you a letter of approval or acknowledgment, or we will ask you to submit a new application.

*Notify us BEFORE making ANY change that deals with your institution-wide accreditation. We will advise you on how to proceed.

**Approvals from your accrediting agency and state authorizing agency are NOT required for this change.

Chart 2

⇒ **Changes you must report to us, followed by the question number from the application. For these changes, you do NOT need our written approval or acknowledgment before you disburse federal student financial aid on the basis of the changes.**

To report a change in...	Use...
Name of institution [†]	Question 2
Name of CEO/president/chancellor	Question 10
Name of chief fiscal officer/financial officer	Question 11
Principal location–address change only [†]	Question 29
Other locations–address change only [†]	Question 29
Third-party servicers that deal with federal student financial aid	Question 58
<i>For private nonprofit and for-profit institutions (NOT public institutions)</i>	
Board of directors (but NOT trustees)	Question 20
<i>For foreign schools only (including foreign graduate medical schools)</i>	
Postsecondary authorization	Question 42
Degree authorization	Question 43
Program equivalence	Question 44
Program criteria	Question 45
U.S. administrative and/or recruitment offices	Question 46
<i>For foreign graduate medical schools only</i>	
Facility at which you provide graduate medical instruction	Question 47
Authorizing entity	Question 48
Approval of authorizing entity	Question 49
Length of program	Question 50
Programs located in the U.S.	Question 51

[†]As soon as you have received approvals for the change from your accrediting agency and state authorizing agency, you must send us copies of the approvals for the change. We expect that within 35 days after we receive all of your information, either we will send you a letter of acknowledgment, or we will ask you to submit a new application.

Chart 2 (continued)

Notifying us of any of these changes is a one-step process. No later than 10 calendar days after the change is made, send us:

- a letter on your institution's letterhead stating—
 - ◇ the date the change was made,
 - ◇ your 8-digit Office of Postsecondary Education Identification (OPE ID) number, and
 - ◇ your 9-digit Employer Identification Number (EIN);
- the portion of the application on which you have entered the information that has changed; and
 - ◇ (Include any documentation asked for in the question. If necessary, use the space provided in Question 69 to supply additional information or explanations.)
- Section L of the application that contains the original signature of the appropriate person.

DRAFT