

New Institute of Higher Learning School Application

*Application packet for
educational institutions
seeking to provide
programs for VA
education benefit eligible
veterans and dependents.*



Provided by
Kansas Commission on Veterans' Affairs Office
and
Kansas State Approving Agency

State of Kansas
1/18/2019



**Kansas State Approving Agency
Veterans Education
Jayhawk Towers, Suite 1004
700 S.W. Jackson Street
Topeka, KS 66603-3714**

(Revision 01/19)

Date: _____

*******PLEASE PRINT OR TYPE ALL ENTRIES*******

Please answer all items. If items are not applicable, please enter N/A.

Name and Title of Preparer _____

Telephone: _____ Fax Number: _____

Institution Name: _____

Physical Location: _____

Mailing Address (if different): _____

Catalog Year(s): _____

The following catalog approval requirements must be completed and returned when submitting new catalogs. All policies must be in compliance with Title 38 of the Code of Federal Regulations. **Please include three (3) paper copies or two (2) read-only CDs of your catalog and other supporting documentation such as the Student Handbook with this packet.**

If you have questions about any item, please contact us at:

Phone: (785)291-3422 or email saa.kansas@ks.gov

We will provide the required forms VA Forms 22-8794, Designation of Certifying Official(s), 20-8206 Statement of Assurance, 22-1919 Conflicting Interest Statement and forward with this application.

To ensure that school programs and/or policies meet the minimum criteria under Section 3675 or 3676 of Title 38 U.S. Code and the Code of Federal Regulations (38 CFR) §21.4253 (Accredited) and §21.4254 (Non-accredited), and §21.4251 (minimum operating period of 24 consecutive months), and the school catalog, brochure, or bulletin must address the following items. Please cite all applicable pages for each item:

Section A. Catalog requirements for accredited or non-accredited institutions:

1. **School catalog, brochure, or bulletin:** a. Does the document include the name of the school, date of publication, and years covered? Yes No

b. Does the document contain the names of the governing body, officials and faculty? Yes No

2. **Accreditation listings** are found on:¹ Page(s): _____

a. At the time of your institution’s most recent review/reaffirmation by its institutional accreditation agency, were all programs, including degree, diploma and/or certificates for which veterans approval is sought, included in this review/reaffirmation process. Yes No

b. If no is indicated, have your programs that were not reviewed been subsequently accepted by the appropriate accrediting agency? Yes No

If no, please explain: _____

3. **Current Financial Status:** Provide copy of most recent gain/loss sheet for your institution prepared by a professional accountant.

4. Include a copy of the lease agreement you have for the school at its present location.

5. Include copies of advertising you use to promote school and recruit students. This includes all audio, visual, and online samples used.

Section B. Policies and Tuition/Refund Information:

1. Minimum **admission standards:** Page(s): _____

2. Minimum **requirements for graduation:** Page(s): _____

3. **Subjects or curriculum** to be completed to achieve the vocational, educational, or professional objective: Page(s): _____

4. **Grading system:**² Page(s): _____

a. Minimum grade average or other determiner for **graduation:** Page(s): _____

b. **Notification** of student’s progress (**grades**): Page(s): _____

5. School policy regarding **academic probation** and unsatisfactory progress: Page(s): _____

6. **Academic suspension policy:** Page(s): _____

7. **Re-entrance policy** after academic suspension/dismissal: Page(s): _____

¹ Please include a copy of the accrediting agency certification of your school and programs. Please include a copy of the Kansas Board of Regents certificate authorizing you to operate in Kansas. The KBOR approval should list your school location and current programs you offer. Neither the Better Business Bureau nor the Kansas Board of Regents is an academic accrediting body.

² If you have a “sliding” progress scale which addresses a Baccalaureate degree, any shorter programs you have (associate degree, certificate or diploma programs) must also be adequately addressed in order to be approved.

8. School policy regarding **student conduct** (Attach **Handbook** or other supporting documents if not included in catalog.): Page(s): _____
- a. Conditions for **conduct probation or dismissal**: Page(s): _____
- b. Conditions for **re-admission** after conduct dismissal: Page(s): _____
9. Class **attendance policy** (absences): Page(s): _____
10. Policies regarding granting credit for **previous education/training (prior credit), accepting transfer credit, and advanced standing**: Page(s): _____
- a. Criteria for **transfer of credit**: Page(s): _____
- b. **Maximum** number of transfer credits allowed: Page(s): _____
11. **Tuition/Fees** Schedule: Page(s): _____
12. School **Refund Policy**³ [Non-accredited institutions must have a 100% pro-rata policy in accordance with 38 CFR §21.4254(c) (13) and §21.4255] Page(s): _____

Section C. Academic offerings or programs to be approved for VA education benefits:

1. **Degrees/Certificates/Diplomas** - *List on Attached SAA-1.* Page(s): _____
2. **Practical Training/Internship/Externship Courses and Policy** [CFR §21.4265(f)] *Accredited Programs Only - List on Attached SAA-2* Page(s): _____
3. **Developmental, Basic skills, Deficiency, Remedial/Refresher** courses and policy [CFR §21.4200]. *List on Attached SAA-3.* Page(s): _____
4. **Teacher Certification** programs [CFR §21.4253(a)(4)]: Page(s): _____
5. Policy and all **Study Abroad** courses [CFR §21.4260(a)]: Page(s): _____
6. Policy and combinations of **Double Majors**: Page(s): _____
7. Policy for **Dual Degrees**: Page(s): _____
8. **Independent/Direct Study/Television/Online**⁴ courses and programs/policy [CFR §21.4267 and 21.4233(c)] *Accredited Programs Only, not considered resident programs.* Page(s): _____
9. All **Nursing clinical study** courses and policies [CFR §21.4265(b)]: Page(s): _____
10. All professional **Internship/Clinical Pastoral** courses and policies [CFR §21.4265(e)]: Page(s): _____
11. All **Articulation Agreement** references and policies [CFR §21.4252 (l)]: Page(s): _____

³ Accredited school can use Title IV for refund policy. Non-accredited school may request copy of SAA written Pro Rata Refund policy.

⁴ Please contact SAA for all requests for distance learning (online).

12. **Calendars** must be submitted for all degrees, diplomas and certificates:⁵ Page(s): _____

13. Your institution must have printed in its catalogs/brochures the assurance of compliance with all **Equal Opportunity Laws**: Page(s): _____

14. Policy for **Cooperative Education** Programs [CFR 21.4233(a)]: Page(s): _____

15. Policy concerning **Pre-Professional** Programs and program curricula, if listed separately in catalog: Page(s): _____

16. All students are issued a catalog and/or a copy of rules, regulations, course outlines, progress requirements, etc. Yes No

17. We are requesting approval for **Off-Campus sites**:⁶ Yes No

If yes, off-campus sites are attached or listed with names and addresses on: Page(s): _____

18. **Non-Accredited Institutions**: Please provide a description of available space, facilities and equipment.

Attach description if needed. _____

Section D. Non-College Degree (NCD) program approvals must also state the following:

1. Document issued to the veteran or eligible person upon completion of training/graduation: Page(s): _____

2. Policy on leave, absences, class cuts, make-up-work, tardiness and unsatisfactory attendance interruption policy: Page(s): _____

3. If the school policy allows excused absences and unexcused absences, then the policy must define excused and unexcused absences: Page(s): _____

4. A statement must be made regarding progress records kept by the school and furnished the student: Page(s): _____

5. Current **class schedules**: Page(s): _____

6. Enrollment Limitations – List the maximum number that can enroll in each certificate and/or diploma program (per class start) that you are seeking approval for: _____

Section E. Programs offered by contract or other:

1. Are any of the programs offered by contract, cooperative courses, closed circuit telecast, television, or concurrent enrollment: Yes No Page(s): _____

If yes, please indicate which ones on the attachment *SAA-1* and provide a copy of the agreement.

⁵ Calendars must include term start and end dates, holidays and any scheduled closures.

⁶ Off-Campus Sites refers to school sites used as extensions of your campus, not sites where students have been sent for practical training/internships.

Email Address: Additionally, to allow another means of communicating with you, please provide the email address of the school VA Certifying Official(s):

Name, Title

E-Mail

_____	_____
_____	_____
_____	_____

(Name of School/Establishment)

(School's Address/Physical Location)

(Signature of Preparer)

(Print Name)

(Title of Preparer)

(Date)

In accordance with the requirements of Title 38, Code of Federal Regulations, this is to verify that this school catalog, bulletin or brochure, and/or the attached material submitted as a basis for this approval, are certified true and correct in content and policy.⁷

(Signature of Authorized School Official)

(Print Name)

(Title of Authorized School Official)

(Date)

⁷ This certifying statement will need to accompany any requests to update or change the approved program and be signed by the School Certifying Official or authorized school official.

SAA-1

Name of School: _____

Official List of Degrees, Diplomas, Certificates and Stand-alone Majors⁸

Degree/Diploma/Certificate	Majors (Do not list Concentrations)	Nr. of Hours	Page Nr.

⁸ Please use more than one page, as needed

SAA-2

Name of School: _____

Official List of Courses Approved for Practical Training/Internships⁹
38 CFR §21.4265

Course Number	Name of Course	Nr. of Hours	Page Nr.

⁹ Please use more than one page, as needed

SAA-3

Name of School: _____

Official List of Developmental/Remedial/Deficiency Courses
38 CFR §21.4200(t)

Course Number	Name of Course	Nr. of Hours	Page Nr.

Additional Information for Accredited and Non-Accredited Institutions

Institution Name: _____ **Date:** _____

1. Our educational institution keeps adequate records, as prescribed by the State Approving Agency, to show the progress and grades of the eligible person or veteran and to show that satisfactory standards relating to progress and conduct are enforced.
2. Our educational institution maintains a written record of the previous education and training of the eligible person or veteran that clearly indicates that appropriate credit has been given by the educational institution for previous education and training, with the training period shortened proportionately.
3. Our educational institution has adequate space, equipment, instructional materials, and instructor personnel to provide training of good quality.
4. Our director(s), administrators and instructors continue to have adequate experience and educational qualifications to administer the program(s).

The above statements are certified true and correct.

School Official: _____
Signature and Title

Printed Name: _____

5. The courses, curricula and instruction at this facility are consistent in quality, content and length with similar courses in public schools and other private schools in the State with recognized accepted standards.

.....

Signature: _____
State Approving Agency Official

Printed Name: _____