



**Department of Veterans Affairs
Mn State Approving Agency
20 West 12th Street
St. Paul, Mn 55155-2079**

**Application for Approval of New
Public, Private Profit and Private
Non-profit schools**

The VA has recently determined that since the official classification of any program listed in clauses (i) through (iv) of § 3672(b)(2)(A) as “deemed approved” is specifically conditioned upon the requirements contained in §§ 3675(b)(1) and (b)(2), 3680A, 3684, and 3696 being met, no such program may be considered to be approved for VA educational assistance until the SAA of jurisdiction verifies that those applicable conditions and requirements are met.

Title 38, U.S. Code requires all programs offered by institutions under the jurisdiction of the Minnesota SAA to be approved by the SAA *prior to certification of enrollment* of eligible students to the VA for federal GI Bill benefits.

You must submit this form to the State Approving Agency for approval of all programs offered by your school.

NOTE: *All schools currently approved by the MnSCU or State of Minnesota, Office of Higher Education (MOHE) must first receive approval from MnSCU or MOHE for program prior to submitting this application to the SAA*

I. INSTITUTION INFORMATION

A. Institution Name _____

Street Address _____

City _____ State _____

Zip Code _____

B. Type of Institution (please check all appropriate boxes)

Accredited Public

Accredited Private Non Profit

Accredited Private Profit

College Degree (IHL)

Non-College Degree (NCD)

Non accredited

C. Institution Website Address _____

D. Period covered by the current catalog _____ **Volume Number** _____

Effective date of current catalog _____

E. Name and Title of School Official to Contact Regarding this Application Form.

Name _____ Title _____

Telephone Number _____ Fax Number _____

Email Address _____

Street Address _____

City _____, MN

Zip Code _____

F. Name of Accrediting Agency _____

II. Program(s) for which you are seeking approval. List each degree and non degree shown in the catalog provided with your approval request.

Name of Program _____ **Page** _____

Type Degree Diploma Certificate

Effective date of program _____

Length of program _____ Semester Credits Quarter Credit Clock hours

Does the program have specialized accreditation?

Yes (If Yes, List the Name of the Accrediting Body and the Date the Current Accreditation Expires).

No

Does the School Have Current Authorization from the State of Minnesota, Office of Higher Education? (MOHE) to offer this program? Yes No Exempt.

Name of Program _____ **Page** _____

New Degree Diploma Certificate

Revised (Check all boxes that apply and describe the change(s) made.

Effective date of program _____

Length of program _____ Semester Credits Quarter Credit Clock hours

Does the program have specialized accreditation?

Yes (If Yes, List the Name of the Accrediting Body and the Date the Current Accreditation Expires).

No

Does the School Have Current Authorization from the State of Minnesota, Office of Higher Education? (MOHE) to offer this program? Yes No Exempt.

Note: Copy this page to report any additional programs you want approved.

III.

Contract courses. Are any of the courses offered at your school courses offered under a contract with another school or training establishment?

Yes Course name _____

No

If yes, you must provide the name of each course and a copy of the contract between your school and the facility providing the training.

VI. School Policies Non accredited schools only. Please indicate the page each item listed is found in your catalog. Note: Policies not in the catalog must be attached as a catalog addendum.

A description of the available space, facilities, and equipment. Page _____

Name of the school's governing body. Page _____ Names of school officials. Page _____

Names of school faculty. Page _____ School Calendar showing legal holidays and other important dates, and the beginning and ending date of each quarter, term or semester. Page _____

Detailed schedules of fees, charges for tuition, books, supplies, tools, student activities, laboratory fees, service charges, rentals, deposits, and all other charges. Page _____

A course outline for each course for which approval is requested, showing subjects or units in the course, type of work or skill to be learned, and appropriate time and clock hours to be spent on each subject or unit. Page _____

Policy and regulations of the school relative to the refund of the unused portion of tuition, fees, and other charges in the event the student does not enter the course or withdraws or is discontinued therefrom. (**School must have have a pro rata refund policy.**) Page _____

V. School Policies All schools. You must provide your school policies on grading, attendance, conduct and satisfactory progress. Please indicate the page each is found in your catalog. Note: Policies not in the catalog must be attached as a catalog addendum.

School Admission Requirements: Page _____

Grading Policy: Page _____

Attendance policy: Page _____

School policy relating to student conduct and conditions for dismissal for unsatisfactory conduct: Page _____

Standards of Progress: Page _____ *The school policy must define the grading system of the institution, the minimum grades considered satisfactory, conditions for interruption for unsatisfactory grades or progress, a description of the probationary period, if any, allowed by the institution, conditions of reentrance for those students dismissed for unsatisfactory progress.*

Statement regarding progress records kept by the institution and furnished the student (Where are transcripts maintained, how student acquires copy) Page _____

VI. SUMMARY OF ITEMS TO BE SUBMITTED

- Two copies of this completed application form.
- You must submit two certified copies of the school catalog with supplements and any supporting documents for the new programs. PDF catalogs must be submitted in paper format or on CDs. USB flash drives will not be accepted for computer security reasons.
- You must submit copies of any advertising or promotional material that was used by the school in the past year. Radio and TV spots and print advertisements should be provided on a DVD or CD. USB flash driives will not be accepted.
- If applicable, for any new or revised accredited program submit copies of written documentation that shows the name of the accrediting body, the date of initial accreditation, the date of the most recent grant of accreditation, and the current status of the accreditation.

VII. CERTIFICATION

I, the undersigned, certify that:

- a. I am an official of the school named in this application and I am authorized to make this certification.
- b. I understand that the school must maintain and make available for examination by duly authorized government representatives all records and accounts which are requested to ascertain that the institution and its branches are complying with the requirements of 38 U.S. Code.
- c. I certify there are no significant changes in the published school policies, found in the current school catalog materials noted in section V of this application form.
- d. I certify the information contained on this form and the supplemental materials submitted as part of the application are true and correct to the best of my knowledge.

Print or Type Name of School Official

Print or Type Title of School Official

Signature of School Official

Date

Submit this application with the supporting documents to:

Department of Veterans Affairs Mn State Approving Agency
20 West 12th Street
St. Paul, Mn 55155-2079