



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

## Application for Approval of New Catalog at Non Accredited Schools

Title 38, U.S. Code requires all new or revised degree and non-degree programs offered by non accredited private for profit institutions under the jurisdiction of the Minnesota State Approving Agency (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 new or revised college catalogs.**

**NOTE:** All schools currently approved by the State of Minnesota, Office of Higher Education (MOHE) must first receive approval from MOHE for each new or revised 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)

- Non Accredited Private Profit     Non Accredited Private Non Profit  
 College Degree (IHL)     Non-College Degree (NCD)

Institution Website Address \_\_\_\_\_

**C. Period Covered by the New/Revised catalog** \_\_\_\_\_ **Volume Number** \_\_\_\_\_  
**Effective date of New/Revised Catalog** \_\_\_\_\_

**D. 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 \_\_\_\_\_

**II. New Program(s) (for which you are seeking approval). List each new or revised degree or non degree program in the catalog**

**Name of Program** \_\_\_\_\_

New

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

Revised Program Title \_\_\_\_\_

Revised Program Length \_\_\_\_\_

Other Revision(s) \_\_\_\_\_

Effective date of addition or change \_\_\_\_\_

Length of program \_\_\_\_\_  Semester Credits  Quarter Credit  Clock hours

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** \_\_\_\_\_

New

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

Revised Program Title \_\_\_\_\_

Revised Program Length \_\_\_\_\_

Other Revision(s) \_\_\_\_\_

Effective date of addition or change \_\_\_\_\_

Length of program \_\_\_\_\_  Semester Credits  Quarter Credit  Clock hours

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

**III. Are there any currently approved programs no longer listed in the school catalog?**

Yes  No

If yes, please list the program and the reason (no longer offered, not open to new enrollments, etc.)

Program	Effective Date and Reason

**Note: Copy this page to report any additional new or revised programs.**

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

Yes

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.

**V. School Policies. Your 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.**

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 \_\_\_\_\_

School policy enrollment with respect to enrollment dates, and specific entrance requirements for each course. Page \_\_\_\_\_

School attendance policy: Page \_\_\_\_\_

The school's progress requirements for graduation Page \_\_\_\_\_

The grading system for the school Page \_\_\_\_\_

Standards of progress including the minimum grades considered satisfactory, conditions for interruption for unsatisfactory grades or progress. Page \_\_\_\_\_

A description of the probationary period, if any, allowed by the institution. Page \_\_\_\_\_

Conditions of reentrance for those students dismissed for unsatisfactory progress. Page \_\_\_\_\_

Notice where are transcripts maintained, how student acquires copy. Page \_\_\_\_\_

School policy and regulations relating to student conduct and conditions for dismissal for unsatisfactory conduct. Page \_\_\_\_\_

Detailed schedules of fees, charges for tuition, books, supplies, tools, student activities, laboratory fees, service charges, rentals, deposits, and all other charges. 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 is required to have a pro rata refund policy.) Page \_\_\_\_\_

A description of the available space, facilities, and equipment. 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 this school relative to granting credit for previous educational training or experience. 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. You may submit PDF versions on a CD or DVD. No USB flash drives will be accepted due to 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. No USB flash drives will 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.
- You must provide a detailed class schedule for each program you are seeking approval

## 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, which apply to this program.
- 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

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Send the catalog and supporting material to:

Department of Veterans Affairs  
MN State Approving Agency  
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St. Paul, Mn 55155-2079