



STATE OF CONNECTICUT

Office of Higher Education

State Approving Agency

450 Columbus Boulevard, Suite 510
Hartford, Connecticut 06103

Thank you for your interest in having your school's education and/or training programs approved for federal veterans education benefits under the GI Bill. The Office of Higher Education has been designated by the U.S. Department of Veterans Affairs (VA) as the State Approving Agency (or SAA) to review and approve programs so that veterans may receive their federal education benefits.

There is no fee associated with this application or review process. We hope you will find our application packet relatively easy to complete. A school official should fill out two copies of the application packet (one is for the VA) with original signatures on each and return them to:

Office of Higher Education (OHE)
State Approving Agency (SAA)
Veteran Program Approval
450 Columbus Boulevard, Suite 510
Hartford, CT 06103-1841

The application packet consists of eight items:

SAA Application	[Two Pages]
SAA Schedule Form	[Non-College Degree Schools only]
VA Form 22-8794	Designation of Certifying Official
VA Form 27-8206	Statement of Assurance of Compliance with Equal Opportunity Laws
VA Form 27-1919	Conflicting Interest Certification [Proprietary Schools Only]
SAA Catalog Review Sheet	
School Publication Certification	
Additional Sites Form	

You will also need to provide two copies of any school publications including; catalog/bulletins, student handbooks, class schedules, calendars, addendums etc. The second copy will be forwarded to the VA. Please be sure to complete the entire SAA Application, however, accredited schools need not complete Section B.

Once we have received two completed copies of the application packet, we will review them and contact you to schedule a site visit. This is necessary in order to determine that the school is capable and willing to meet all approval conditions. The visit usually lasts an hour or two. It involves an examination of the school's facilities, equipment and record-keeping capabilities. We will discuss any questions arising from the application and will explain how to certify veterans to the VA. After we have determined that the

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www.ctohe.org

An Equal Opportunity Employer

school is in compliance with all VA approval standards, a letter of approval will be sent and eligible veterans and dependents can have their enrollments certified and begin to receive monthly benefits. A copy of the approval letter will also be forwarded to the Hartford VA Regional Office for its concurrence.

The approval criteria under Title 38, United States Code, is divided into Standards for Accredited Schools and Standards for Non-Accredited Schools. You can download a copy of these standards through our web site: www.ctohe.org. Historically, we have found that school approval involves compliance with several federal standards that you should be especially aware of:

Credit For Previous Education and Training [3676 (c)(4)] – The institution must maintain a written record of the previous education and training of the eligible person and clearly indicate that appropriate credit has been given by the institution for previous education and training, with the training period shortened proportionately and the eligible person and the VA so notified.

Standards of Progress. [3676 (b) (6) & (c)(7)] – The institution shall have appropriate policies regarding and maintaining accurate records showing that students are making satisfactory progress. Progress shall include (a) a grading system; (b) a minimum satisfactory grade(s); (c) conditions for interruption for unsatisfactory progress; (d) a probationary period, if any; (e) reentrance requirements for those students dismissed for unsatisfactory progress; (f) student conduct policies with conditions for dismissal; and (g) attendance policies with conditions for dismissal.

Program Schedule. Veteran education benefits for all non-degree programs are calculated in terms of the number of contact (or clock hours) attended. If you are a non-degree program, please complete the Program Schedule Form in order for the VA to calculate the monthly benefit payments to your veterans.

State Licensure. [3676(c) (14)] -- If the State of Connecticut requires authorization (licensure) to operate in the State, then that authorization is necessary for Veteran Program Approval. For example, post-secondary institutions offering entry-level training for remuneration and advertising to the general public must be authorized by the Private Occupational School Approval (POSA) Unit of the Office of Higher Education.

- Institutions not requiring State licensure must submit to us their most recent audited financial statement, proof of insurance and certificate of occupancy [3676(8) &(9)].

Two -Year Rule. Under Public Law 104-275, an institution must have been in operation for two years prior to approval for veteran benefits if it offers courses not leading to a standard college degree at a private (independent) institution, either not-for-profit or for-profit. The date of Connecticut Licensing, if required, is normally used as the formal start date of operation. This also applies to new branch campuses and contracted to OHE/SAA approved educational institutions.

Pro-Rata Refund Policy [3676(c)(13)] -- A non-accredited institution must provide a Pro-Rata Refund policy for veterans. That is, the veteran will be reimbursed tuition and fees (above \$10.00) based on the ratio of remaining days of instruction to total days of instruction.

Number of Days of Instruction Remaining
----- x Tuition & Fees Charged = REFUND
Number of Instruction Days in the Course DUE

We look forward to working with you and will be in touch after receipt of your application. In the meantime, if you have any questions please feel free to contact us by e-mail at veterans@ctohe.org or by calling (860) 947-1816.

APPLICATION

Approval to Offer Education and Training Programs for Veterans Benefits

Office of Higher Education
 State Approving Agency
 450 Columbus Boulevard, Suite 510
 Hartford, CT 06103-1841
 (860) 947-1816

1. Institution (<i>name & address</i>):	2a. Branch(s) (<i>names & addresses</i>): [if applicable] (<i>Attach additional sheet of paper if necessary</i>) 2b. Branch Official (<i>name, title & phone</i>):
3. Chief Executive Officer (<i>name & title</i>):	Phone: Fax: E-mail:
4. Official to contact on Program Approvals (<i>name & title</i>):	Phone: Fax: E-mail:
5. Designated Veterans Certifying Official(s) (<i>names & titles</i>):	Phone: Fax: E-mail:
6. Accreditation: () Accredited Renewal Date: _____ () Non-accredited	7. If accredited, please give name of accrediting body [it must be on the U.S. Secretary of Education's list of nationally recognized agencies]:
8. List programs for which approval is sought with any enrollment limitations noted: (<i>attach separate sheets of paper if necessary</i>)	
9. Check which applies to your institution: <input type="checkbox"/> College/University <input type="checkbox"/> Medical Residency <input type="checkbox"/> Public <input type="checkbox"/> Independent/Private <input type="checkbox"/> Non-degree Programs affiliated with a College/University <input type="checkbox"/> For-Profit <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Non-degree Programs not at a College/University	
<i>I hereby certify that all information contained in this application and in the accompanying school catalog and materials is true and correct in content and policy.</i>	
_____ Signature of Institutional Official	_____ Title
_____ Date	

Please Complete Page Two

Approval Requirements
 Accredited Schools Complete Sections A and C
 Non-accredited Schools Complete Sections A, B and C

<p>Section A: <u>ALL</u> Institutions Complete</p> <p><i>Indicate the page number(s) of your catalog or publication where the following information can be found. If not, attach a separate sheet of paper with the information.</i></p> <p>1. <u>Standards of Progress Policies</u> which (a) define the grading system _____; (b) the minimum grades considered satisfactory _____; (c) conditions for interruption for unsatisfactory grades or progress _____; (d) a description of the probationary period _____; (e) conditions for reentrance of students dismissed for unsatisfactory progress _____; (f) graduation requirements _____; and (g) a statement regarding progress records kept by the institution and furnished to the student _____.</p> <p>2. <u>Student Conduct Policy</u>: _____.</p> <p>3. Policy and regulations of the institution relative to <u>granting credit for Previous Education & Training</u>: _____.</p> <p>4. <u>Student Attendance Policy</u>: _____.</p> <p>5. <u>Course & Program Description</u> for all programs offered and for which approval is being sought, indicating credit hours for collegiate and clock hours for non-college degree courses: _____.</p> <p>6. Description of Institutional <u>Facilities and Equipment</u>: _____.</p> <p>7. Date institution commenced operation in Connecticut: _____.</p>	<p>8. If <u>State of Connecticut Licensure</u> is required to operate, please list and provide documentation: State Agency: _____. Date First Licensed: _____. Date License Expires: _____.</p> <hr/> <p>Section B: Additional Information for Non-accredited Institutions</p> <p><i>In addition to Items 1 to 8 under Section A, provide the following information, page number(s) where applicable:</i></p> <p>9. If <u>not</u> licensed through the Office of Higher Education, POSA unit, please attach copy of: () Most recent audited financial statement () Certificate of Occupancy</p> <p>10. Listing of all <u>Tuition and Fees</u>: _____.</p> <p>11. Listing of school <u>Officials & Faculty</u>: _____.</p> <p>12. Copy of your <u>Enrollment Agreement</u>: _____ and <u>Entrance Requirements</u>: _____.</p> <p>13. Copy of school <u>Certificate of Program Completion</u> provided to student: _____.</p> <p>14. <u>Pro-Rata Refund Policy</u>: _____. (That is, the veteran will be reimbursed tuition and fees based on the ratio of remaining days of instruction to total days of instruction). <i>Note</i>: You can draft an addendum specifically for veteran benefits to meet this requirement.</p>
<p>Section C: <u>All</u> Institutions Complete and Send Two Copies of: () Catalogs and Other School Publications (i.e. Student Handbook, Program Brochure) () Calendar and a completed Program Schedule Form for non-college degree programs</p> <p><i>Indicate titles and publication dates or other identifying data below:</i></p> <p style="margin-left: 40px;"><u>Title</u>: _____ <u>Date</u>: _____</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	
<p>REPORTING REQUIREMENT. Under U.S. Department of Veterans Affairs Regulation 21.4203, institutions are required to report within 30 days [on VA forms 22-1999/1999b] the entrance, reentrance, change in clock/credit hours or attendance, interruption or termination of attendance of each veteran or eligible person enrolled. An institution must have a system in place to apply its policies and monitor the progress of each veteran. The Institution also agrees to periodic visits from the VA and OHE/SAA to verify compliance with approval requirements.</p>	

PROGRAM SCHEDULE FORM
CT State Approving Agency
Veteran Program Approval

INSTITUTION: _____

PROGRAM NAME *** (Non-College Degrees) <i>Please specify clinical/practical weeks or externship sessions that differ for weekly training hours to be certified to the VA.</i>	Day or Eve	Total Program Hours	Clinical Hours or Practical Training	Online Clock Hours**	Total Weeks*	Hours Per Day	Days Per Week	Hours Per Week	Actual Training Hours (minus lunch & breaks 10 minutes or more) <i>Examples:</i> M - Th 6-10 pm (15 min break) T & Th 6-9 pm & Sat 8:30-3 pm (1/2 hr lunch)

* Round up if more than 3 days for week. ** On-line training is not approved at Non-College Degree granting institutions *** Note program schedules that differ at Branch Campuses.

<u>Standard Session Start Dates:</u> <i>Example:</i> Quarterly: Mar, June, Sep, Dec; Monthly; or Yearly	<u>Vacation/Holiday Periods:</u>
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School Official Signature _____ **Date** _____



DESIGNATION OF CERTIFYING OFFICIAL(S)

GENERAL INSTRUCTIONS

1. This form **MUST ONLY** be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

SPECIFIC INSTRUCTIONS

1. Item 1: Enter the complete name and address of the school or training establishment.
2. Item 2: Enter the certifying official's telephone number.
3. Item 3: Enter the certifying official's fax number.
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed.
6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

PURPOSE: This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT *(Include ZIP Code)*

FOR VA USE ONLY							

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) *(Include Area Code)*

3. FAX NUMBER OF CERTIFYING OFFICIAL(S) *(Include Area Code)*

4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)

5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT

A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
(4)			

B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.

(1)		(2)	
(3)		(4)	

5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL
OR TRAINING ESTABLISHMENT (Continued)

C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY - OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			

6. REMARKS

It is hereby certified that the Department of Veterans Affairs will be notified of any changes in the designations shown on this form as they occur.

7. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL	8. DATE
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PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both.

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. An example of a routine use is allowing VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is required to obtain or retain benefits. VA cannot recognize you as the proper certifying official unless the information is furnished as required by existing law (38 U.S.C. 3680(g)). The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted by applicants, recipients, and others is subject to verification through computer matching programs with other agencies.

Important Notice About Information Collection: We need this information to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans and other eligible persons (38 U.S.C. 3684). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/library/omb/OMBINVC.html#VA. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

STATEMENT OF ASSURANCE OF COMPLIANCE WITH EQUAL OPPORTUNITY LAWS

(hereinafter called the "Signatory")

(Name of Organization, Institution, or Individual)

HEREBY AGREES THAT

it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), and all Federal regulations adopted to carry out such laws. This assurance is directed to the end that no person in the United States shall, on the ground of race, color, national origin (Title VI), handicap (Section 504), sex (Title IX, in education programs and activities only), or age (Age Discrimination Act) be excluded from participation in, to be denied the benefits of, or be subjected to discrimination under any program or activity of the Signatory receiving Federal financial assistance or other benefits under statutes administered by VA (Department of Veterans Affairs), the ED (Department of Education), or any other Federal agency. This assurance applies whether assistance is given directly to the recipient or indirectly through benefits paid to a student, trainee, or other beneficiary because of enrollment or participation in a program of the Signatory.

The Signatory **HEREBY GIVES ASSURANCE** that it will promptly take measures to effect this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Signatory by VA or ED, this assurance shall obligate the Signatory, or in the case of transfer of such property, any transferee, for the period during which the real property or structure is used for the purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. In all cases, this assurance shall obligate the Signatory for the period during which the Federal financial assistance is extended to any of its programs by VA, ED or any other Federal agency.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining Federal financial assistance, including facilities furnished or payments made under sections 104 and 244(1) of Title 38, U.S.C. Also, sections 1713, 1720, 1720a, 1741-1743, 2408, 5902(a)(2), 8131-8137, 8151-8156 (formerly 613, 620, 620a, 641-643, 1008, 1008, 3402(a)(2), 5031-5037, 5051-5056 respectively) and 38 U.S.C. chapters 30, 31, 32, 35, 36, 82, and 10 U.S.C. chapter 106. Under the terms of an agreement between VA and ED, this assurance also includes Federal financial assistance given by ED through programs administered by that agency. Federal financial assistance is understood to include benefits paid directly to the Signatory and/or benefits paid to a beneficiary contingent upon the beneficiary's enrollment in a program or using services offered by the Signatory.

The Signatory agrees that Federal financial assistance or other benefits will be extended in reliance on the representations and agreements made in this assurance; that VA or ED will withhold financial assistance, facilities, or other benefits to assure compliance with the equal opportunity laws; and that the United States shall have the right to seek judicial enforcement of this assurance.

THIS ASSURANCE is binding on the Signatory, its successors, transferees, and assignees for the period during which assistance is provided. The Signatory assures that all contractors, subcontractors, subgrantees, or others with whom it arranges to provide services or benefits to its students or trainees in connection with the Signatory's programs or services are not discriminating against those students or trainees in violation of the above statutes.

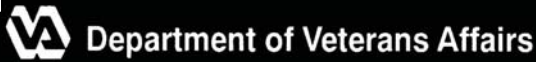
The person whose signature appears below is authorized to sign this assurance.

(Date)

(Signature of authorized official)

(Title of authorized official)

(Mailing address)



CONFLICTING INTERESTS CERTIFICATION FOR PROPRIETARY SCHOOLS

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. An example of a routine use allows VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is required to obtain or retain benefits. We cannot pay education benefits to any person training at your school until we receive this information (38 U.S.C. 3686(b)). Your responses are confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to approve courses at your school for VA purposes and pay education benefits to trainees at your facility. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINVC.html#VA. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

NAME AND ADDRESS OF INSTITUTION

PURPOSE: This form informs individuals that the law has restrictions concerning any potential conflict of interest. (See certifications (1) and (2) below).

(1) PROPRIETARY PROFIT SCHOOLS ONLY

Title 38 U.S.C. 3683 prohibits employees of the Department of Veterans Affairs (VA) and the State approving agency (SAA) from owning any interest in an educational institution operated for profit. In addition, the law prohibits these employees from receiving any wages, salary, dividends, profits, gifts, or services from private profit schools. These provisions may be waived if VA determines that no detriment will result to the government, or to veterans or eligible persons. Please list below those VA and SAA employees known by you who may have a potential conflict of interest under this provision. If there are none, please enter the word "none."

NAME AND TITLE OF EMPLOYEES(S)

DESCRIPTION OF ASSOCIATION WITH SCHOOL

(2) ALL PROPRIETARY SCHOOLS

Title 38 C.F.R. 21.4202(c), 21.5200(c), 21.7122(e)(6), and 21.7622(f)(4)(iv) prohibit the payment of educational assistance to any veteran or eligible person based on an enrollment in any proprietary school of which the veteran or eligible person is an official authorized to sign certificates of enrollment or verifications/certifications of attendance, or is an owner or an officer. Please list below the names and VA file numbers (claim or Social Security Numbers) of any certifying officials, owners, or officers of your school who receive VA educational assistance based on an enrollment in your school. If there is none, please enter the word "none."

NAME AND TITLE OF EMPLOYEE(S)

VA FILE NUMBER

DATES OF ENROLLMENT WITH YOUR SCHOOL

FROM

TO

CERTIFICATION: I DO HEREBY CERTIFY that the entries above are true and correct to the best of my knowledge. I agree to immediately notify VA of any potential violations of the above prohibitions.

SIGNATURE OF PRESIDENT OR CHIEF ADMINISTRATIVE OFFICIAL OF SCHOOL

TITLE

DATE

SAA Catalog Review Sheet

Name of Institution: _____

Catalog Publication Dates: _____

1. Certification by: _____
(please print)

Please enter the page number from your publications
where the following information can be found.

2. Standards of Progress Policies
- a. Graduation Policies: _____
 - b. Grading System Defined: _____
 - c. Minimum Satisfactory Grade: _____
 - d. Probation and Dismissal Policy: _____
 - e. Reinstatement Policy: _____
 - f. Withdrawal Policy: _____

3. Attendance Policy: _____

4. Student Conduct Policy: _____

5. Progress Records: _____

6. Advanced Standing/Prior Credit: _____

7. Academic Calendar: _____

8. Date Class Begins (Effective Date of Approval): _____ (date only)

9. Civil Rights Statement: _____

10. Veterans Information: _____

NON-ACCREDITED SCHOOLS

A. Schedule of Tuition and Fees: _____

B. Pro Rata Refund Policy: _____

C. Course/Program Outline and Hours: _____

D. Entrance Requirements: _____

E. Facility and Equipment Description _____

F. Names of Governing Board, Officials and Faculty: _____

OFFICE OF HIGHER EDUCATION
 State Approving Agency
 450 Columbus Boulevard, Suite 510
 Hartford, CT 06103

SCHOOL PUBLICATION CERTIFICATION

Name of Institution: _____

The contents of the school catalog/bulletin and other related publications submitted to the State Approving Agency are **certified as true and correct in content and policy** on the date of publication.

Title	Volume	Date (*)

 Signature of School Official

 Printed

 Full Name of School Official

 Title

 Date

(*) Please list major program and academic policy changes since last publication with specific page reference.

CONNECTICUT OFFICE OF HIGHER EDUCATION

State Approving Agency
450 Columbus Boulevard, Suite 510
Hartford, CT 06103

ADDITIONAL SITES FORM

Please list the sites that are currently being used for the education and training of veterans and other eligible persons. Include the full address of each site along with its programmatic offerings.

Site: _____

Address: _____

Offering: _____

Site: _____

Address: _____

Offering: _____

Site: _____

Address: _____

Offering: _____

Site: _____

Address: _____

Offering: _____

Name of Institution: _____

(Name and Title of School Official)

(Date)