APPLYING FOR RECERTIFICATION TO PARTICIPATE IN THE *TITLE IV* PROGRAMS

2025 TCU Conference

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U.S. Department of Education
July 30, 2025

Federal Student Aid
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AGENDA

1. The Program Participation Agreement (PPA)
2. Log in to FSA Partner Connect
3. Accessing the E-App
4. Completing the Recertification Application
5. Resources
6. Questions

THE PROGRAM PARTICIPATION AGREEMENT (PPA)

PROGRAM PARTICIPATION AGREEMENT (PPA)

Contract between institution and Department (ED)

Contains critical information

- Approval effective date
- Expiration date
- Deadline to reapply
- Approved Title IV programs
- General terms and conditions
- Selected provisions from 34 CFR 668.14

Institution receives new PPA if recertification approved

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LOG IN TO FSA PARTNER CONNECT

CURRENT ACCESS TO FSA PARTNER CONNECT

- Reenable FSA Partner Connect access if no sign in for 90 days
  - Contact FSA Partner Connect and School Relations Center for assistance
- Reactivate FSA Partner Connect account if no sign in for 365 days
  - Contact your Primary or Secondary FSA Partner Connect Administrator for assistance
- Access to FSA Partner Connect but not E-App
  - Check for email sent from noreply@fsapartners.ed.gov on December 17, 2023
  - Follow process in email
  - Contact FSA Partner and School Relations Center for further assistance

!! FSA Partner Connect Primary Administrators must log in at least every 90 days!

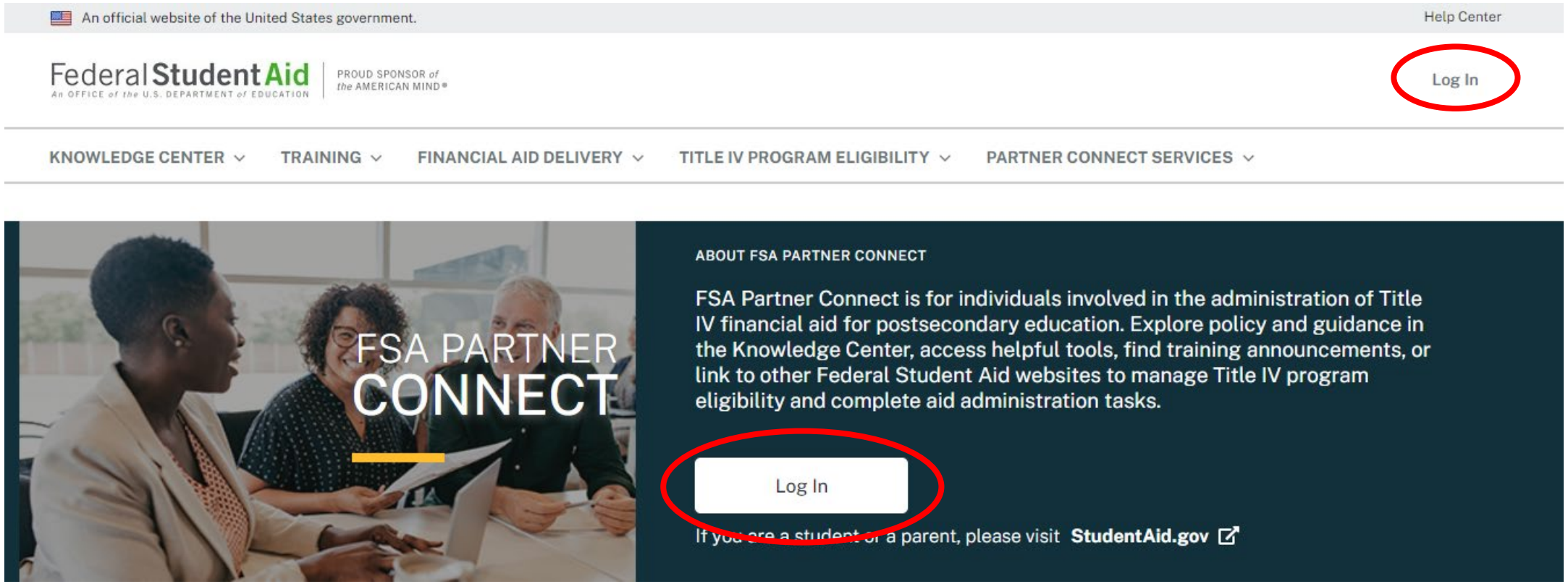
FSA Partner Connect User Access - Disabled or Deactivated Users (November 2024)

NEW ACCESS TO FSA PARTNER CONNECT

- New users contact school's FSA Partner Connect Primary Administrator
- Must have FSA User ID/password and TFA token to receive access
- Primary Administrator adds new users to FSA Partner Connect
- New users receive email from FSA Partner Connect
  - Allow 2-3 business days for email
- Contact FSA Partner and School Relations Center after three business days if email not received

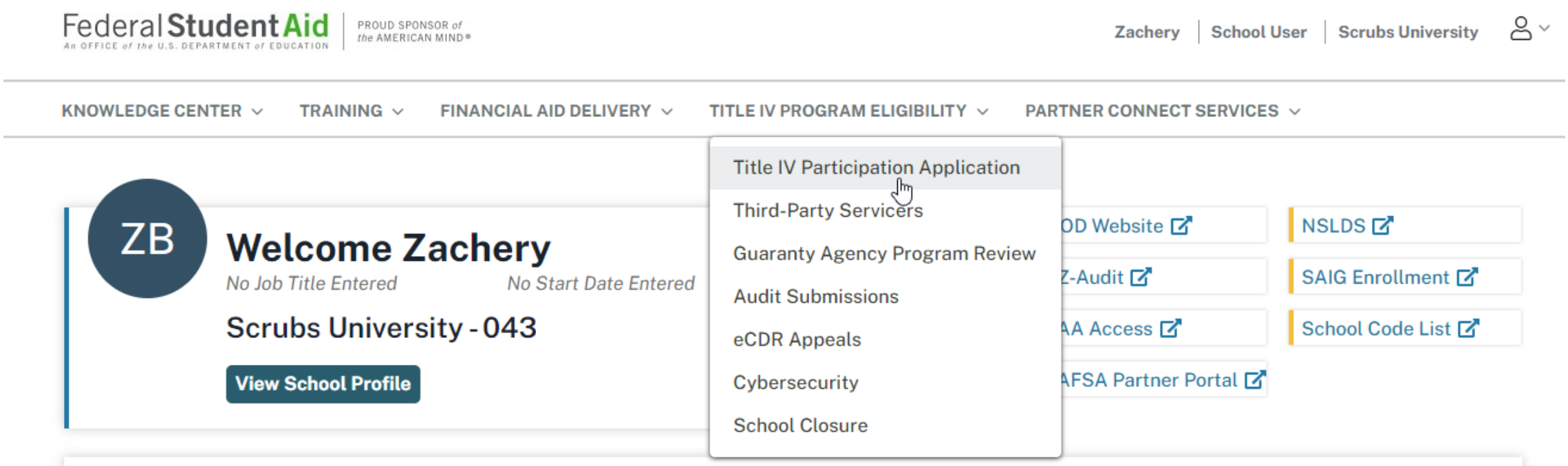
FSA PARTNER CONNECT

fsapartners.ed.gov



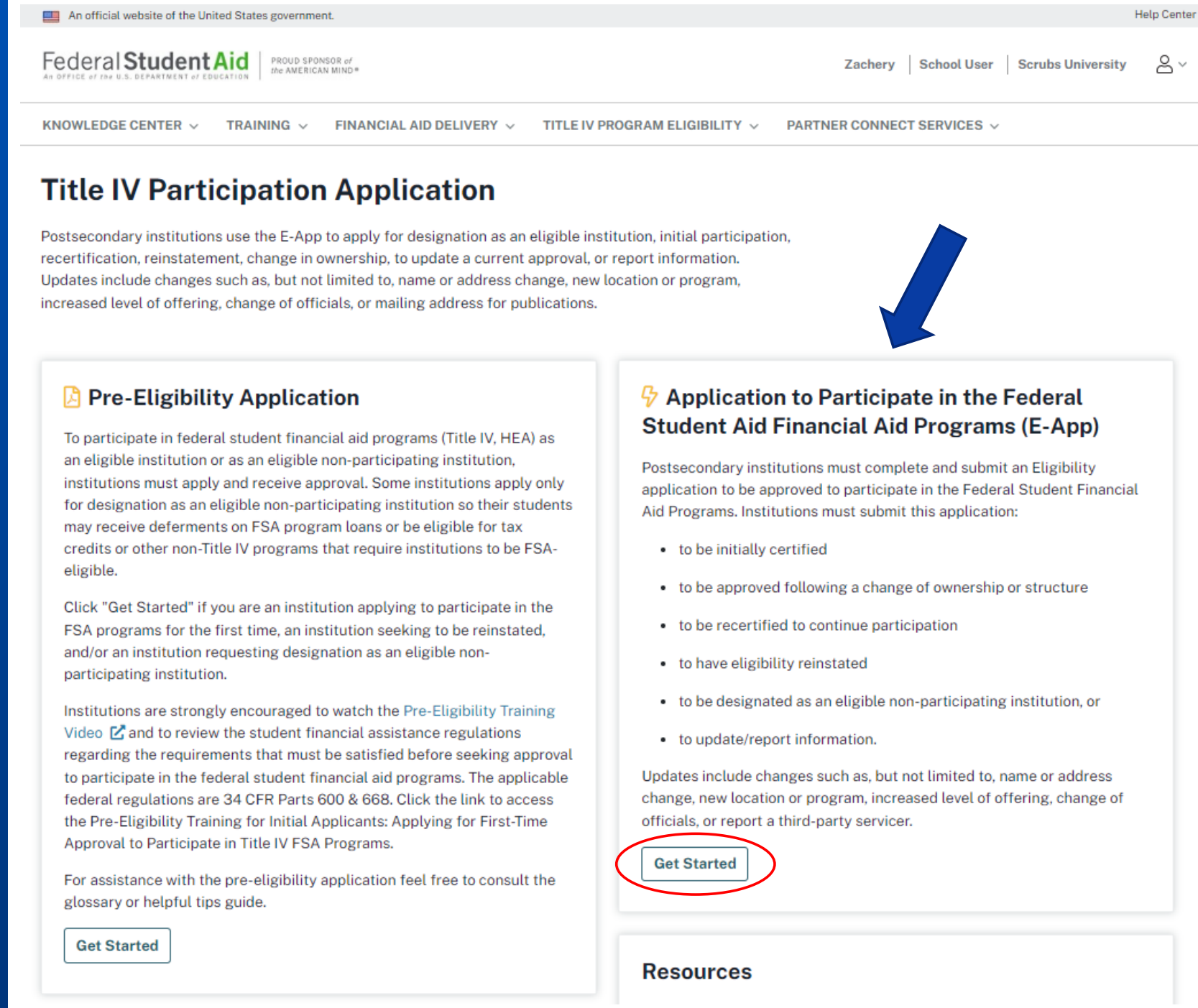
Electronic Announcement (GENERAL-23-101) FSA Partner Connect - Important User Access and User Role Information for New E-App Implementation

ACCESSING THE APPLICATION PAGE

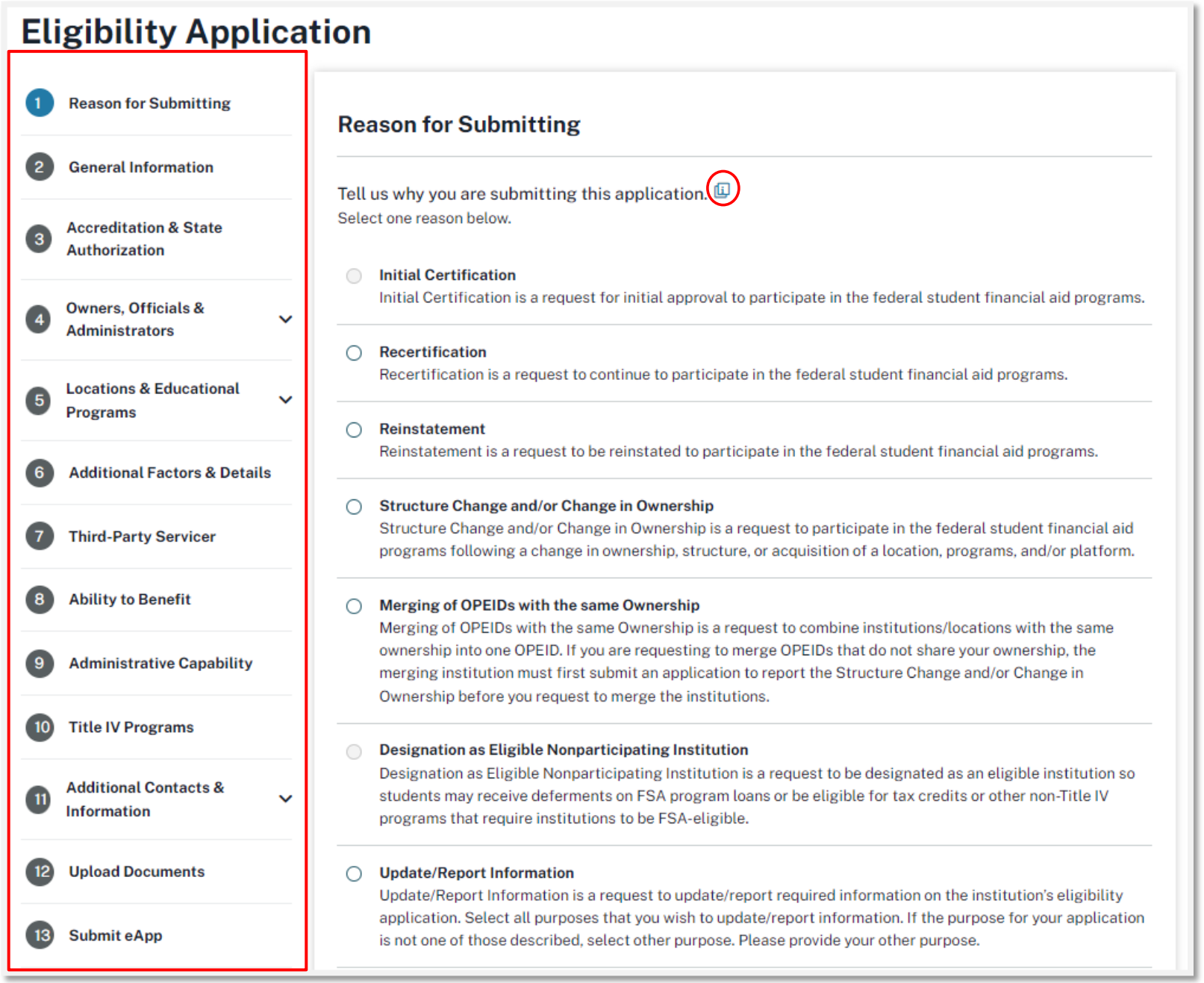


ACCESSING THE E-APP

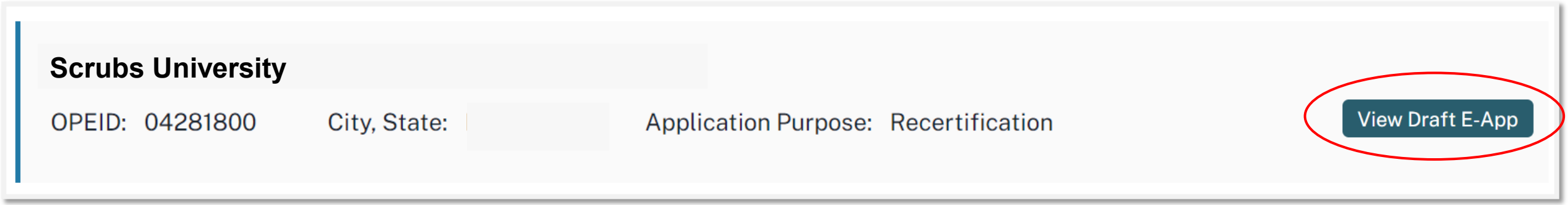
TITLE IV PARTICIPATION APPLICATION PAGE



NEW E-APP LAYOUT



VIEWING ENTIRE DRAFT E-APP



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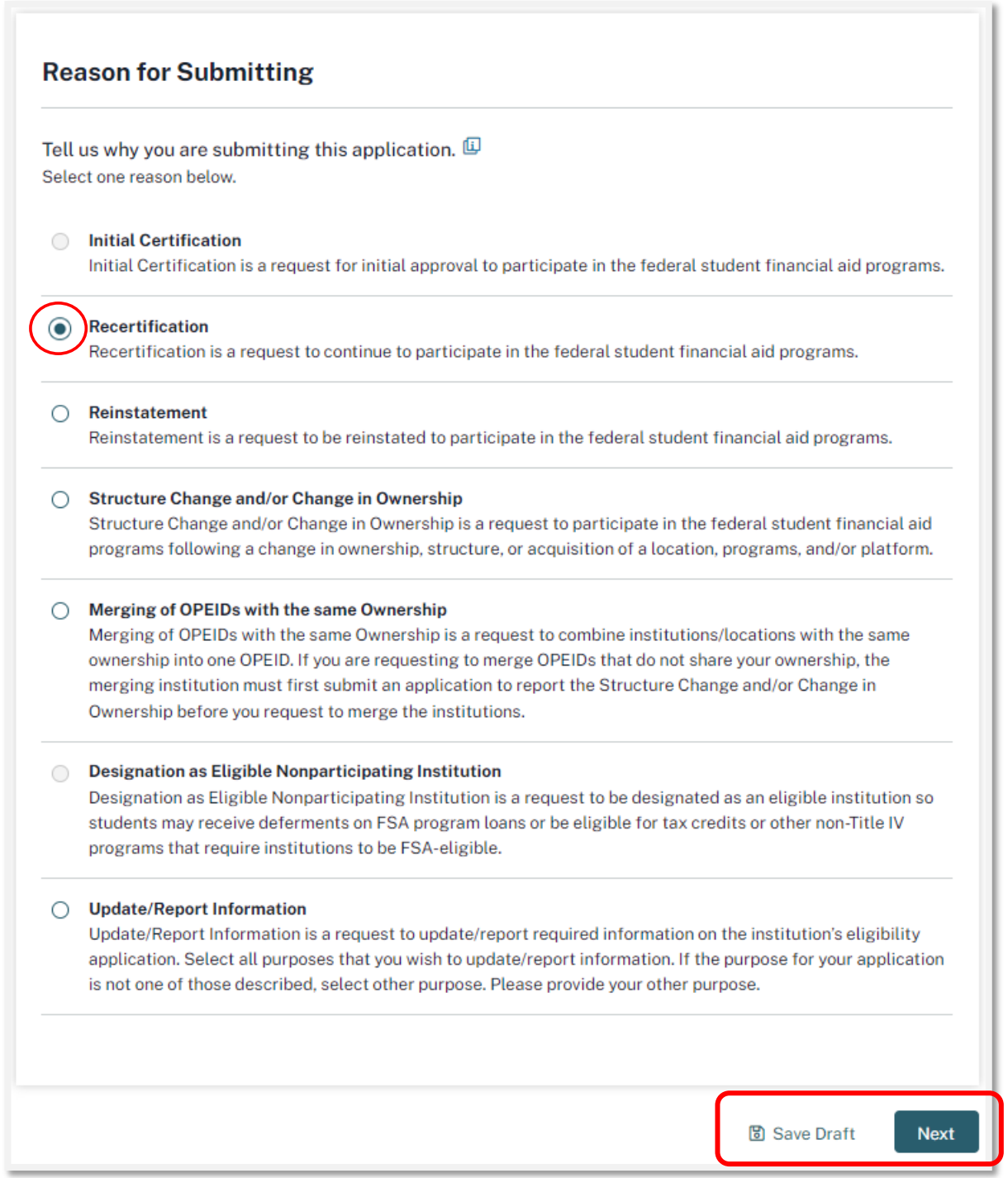
COMPLETING THE RECERTIFICATION APPLICATION

STEP 1 — REASON FOR SUBMITTING

REASON FOR SUBMITTING (1 of 2)



STEP 2 — GENERAL INFORMATION

SECTION A. GENERAL QUESTIONS – ID NUMBERS

Section A. General Questions - ID Numbers

3. Your 8-digit OPEID is: *

043

4. Your Partner Connect ID is: *

45

5. What is your 9-digit Employer Identification Number (EIN)/Taxpayer Identification Number (TIN) given to you by the Internal Revenue Service (IRS)? *

65

6. What is your 12-digit Alpha-Numeric Unique Entity Identifier (UEI)? *

ZT

SECTION A: GENERAL QUESTIONS – ADDITIONAL INFORMATION

Section A. General Questions - Additional Information

Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section. *-optional*

Enter explanation here

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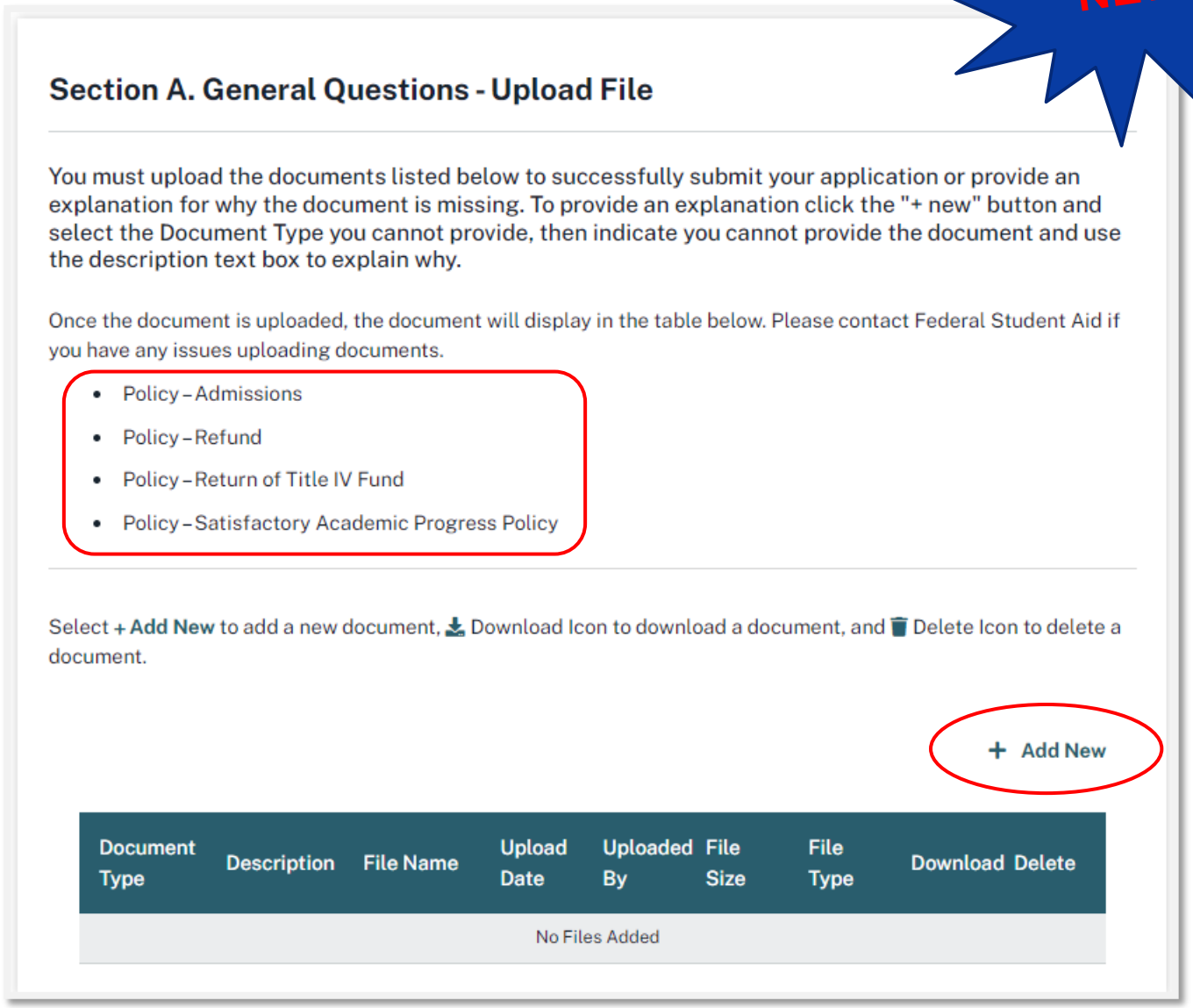
SECTION A. GENERAL QUESTIONS – UPLOAD FILE (1 of 6)

NEW!



Section A. General Questions - Upload File

You must upload the documents listed below to successfully submit your application or provide an explanation for why the document is missing. To provide an explanation click the "+ new" button and select the Document Type you cannot provide, then indicate you cannot provide the document and use the description text box to explain why.

Once the document is uploaded, the document will display in the table below. Please contact Federal Student Aid if you have any issues uploading documents.

- Policy – Admissions
- Policy – Refund
- Policy – Return of Title IV Fund
- Policy – Satisfactory Academic Progress Policy

Select + **Add New** to add a new document, Download Icon to download a document, and Delete Icon to delete a document.

+ Add New

Document Type	Description	File Name	Upload Date	Uploaded By	File Size	File Type	Download	Delete
No Files Added								

SECTION A. GENERAL QUESTIONS – UPLOAD FILE (6 of 6)

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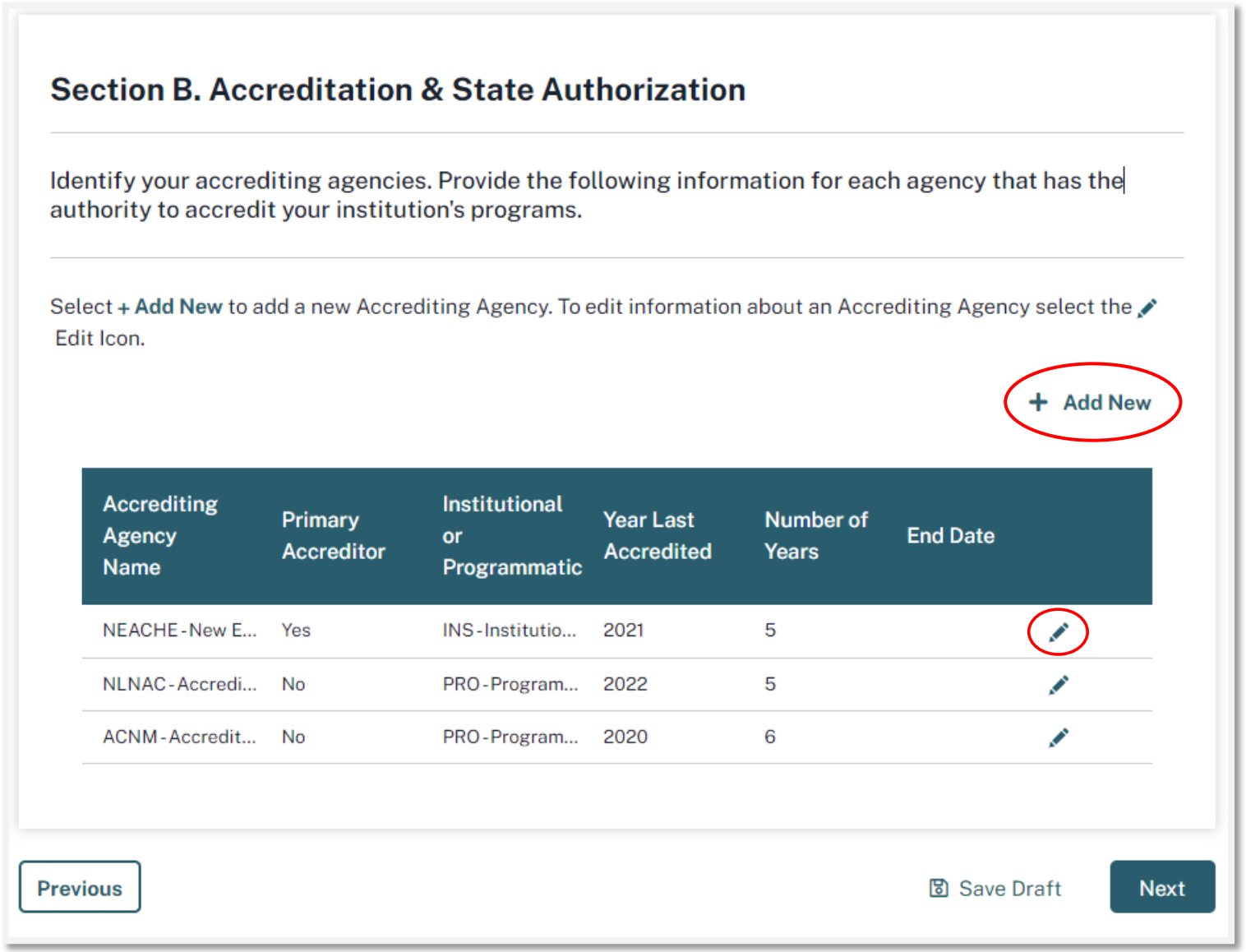
Select **+ Add New** to add a new document, Download Icon to download a document, and Delete Icon to delete a document.

+ Add New

Document Type	Description	File Name	Upload Date	Uploaded By	File Size	File Type	Download	Delete
Policy – Ret...	R2T4 Policy -...	Scrubs Univ...	1/11/2024	Zachery...	34 KB	PDF		

STEP 3 — ACCREDITATION & STATE AUTHORIZATION (TRIBAL AUTHORITY INFORMATION)

SECTION B. ACCREDITATION (1 of 2)



Section B. Accreditation & State Authorization

Identify your accrediting agencies. Provide the following information for each agency that has the authority to accredit your institution's programs.

Select + **Add New** to add a new Accrediting Agency. To edit information about an Accrediting Agency select the Edit Icon.

+ Add New

Accrediting Agency Name	Primary Accreditor	Institutional or Programmatic	Year Last Accredited	Number of Years	End Date
NEACHE - New E...	Yes	INS - Institutio...	2021	5	
NLNAC - Accredi...	No	PRO - Program...	2022	5	
ACNM - Accredit...	No	PRO - Program...	2020	6	

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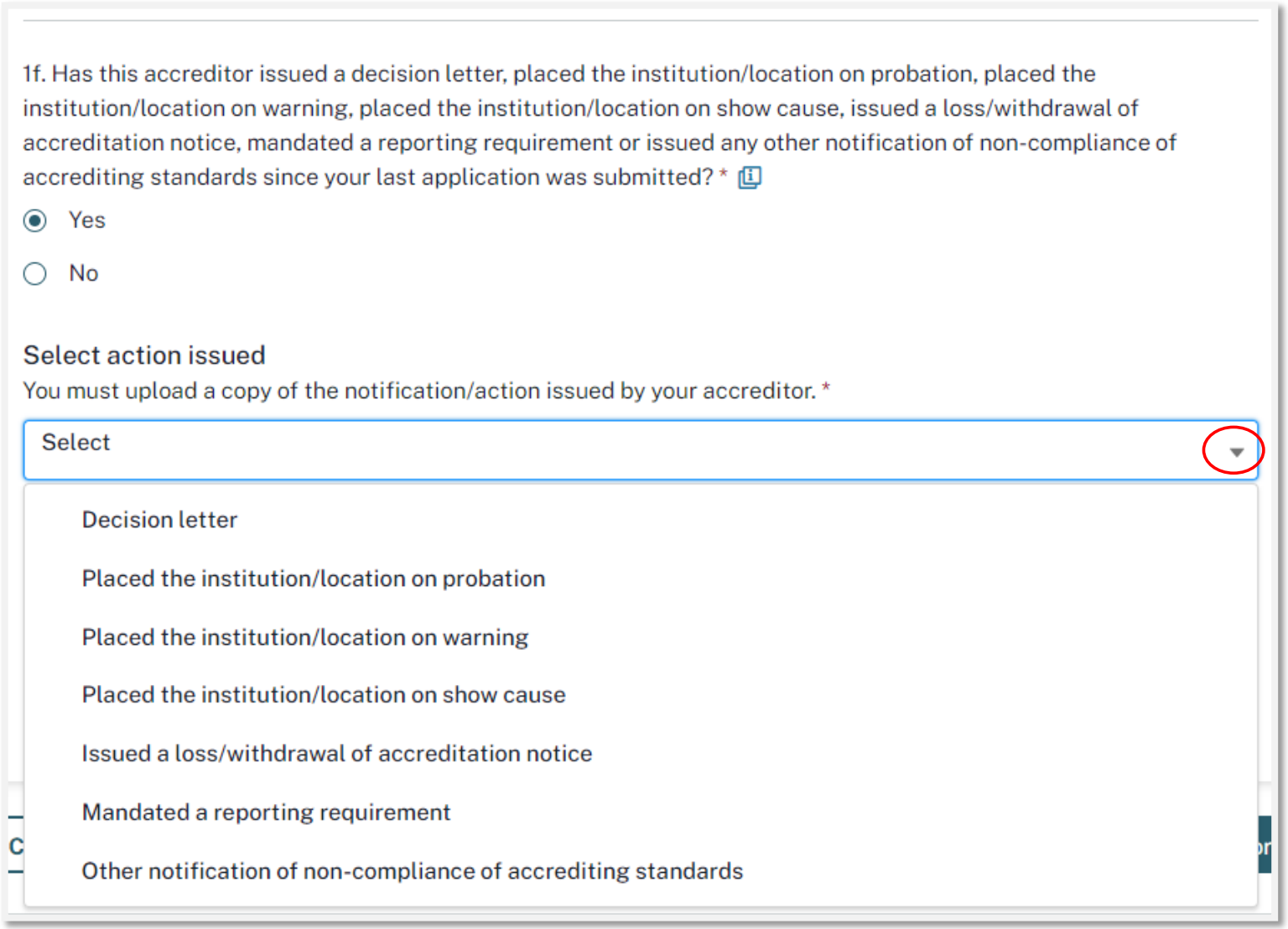
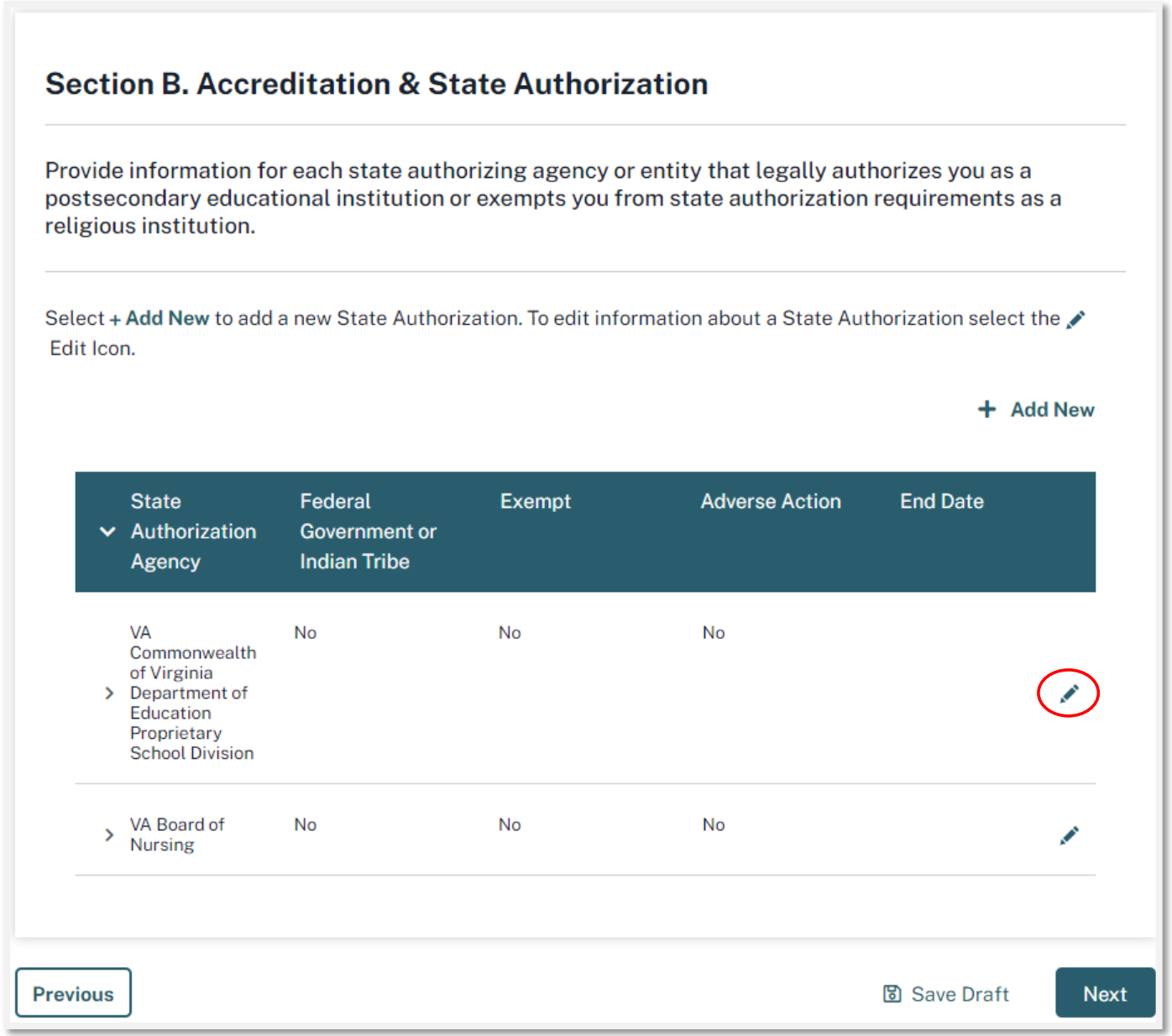
SECTION B. ACCREDITATION – NEW QUESTION 1f. (2 of 2)



SECTION B. STATE AUTHORIZATION (1 of 2)



SECTION B. STATE AGENCY – NEW QUESTION 2c. (1 of 2)

2c. Has this state licensing or authorizing agency issued a loss/withdrawal of state authorization notice, mandated a reporting requirement, or issued a notification/action of non-compliance of State requirements since your last application was submitted? *

- ○ Yes
- ◉ No

SECTION B. STATE AGENCY – NEW QUESTIONS 3. AND 4.

3. Are you an institution that is authorized by name to offer educational programs beyond secondary education by the Federal Government; or, as defined in 25 U.S.C. 1801(a)(2), by an Indian tribe? *

- (●) Yes
- ( ) No

4. Are you exempted from State authorization as a religious institution under the State constitution or by State law? *

- ( ) Yes
- (●) No

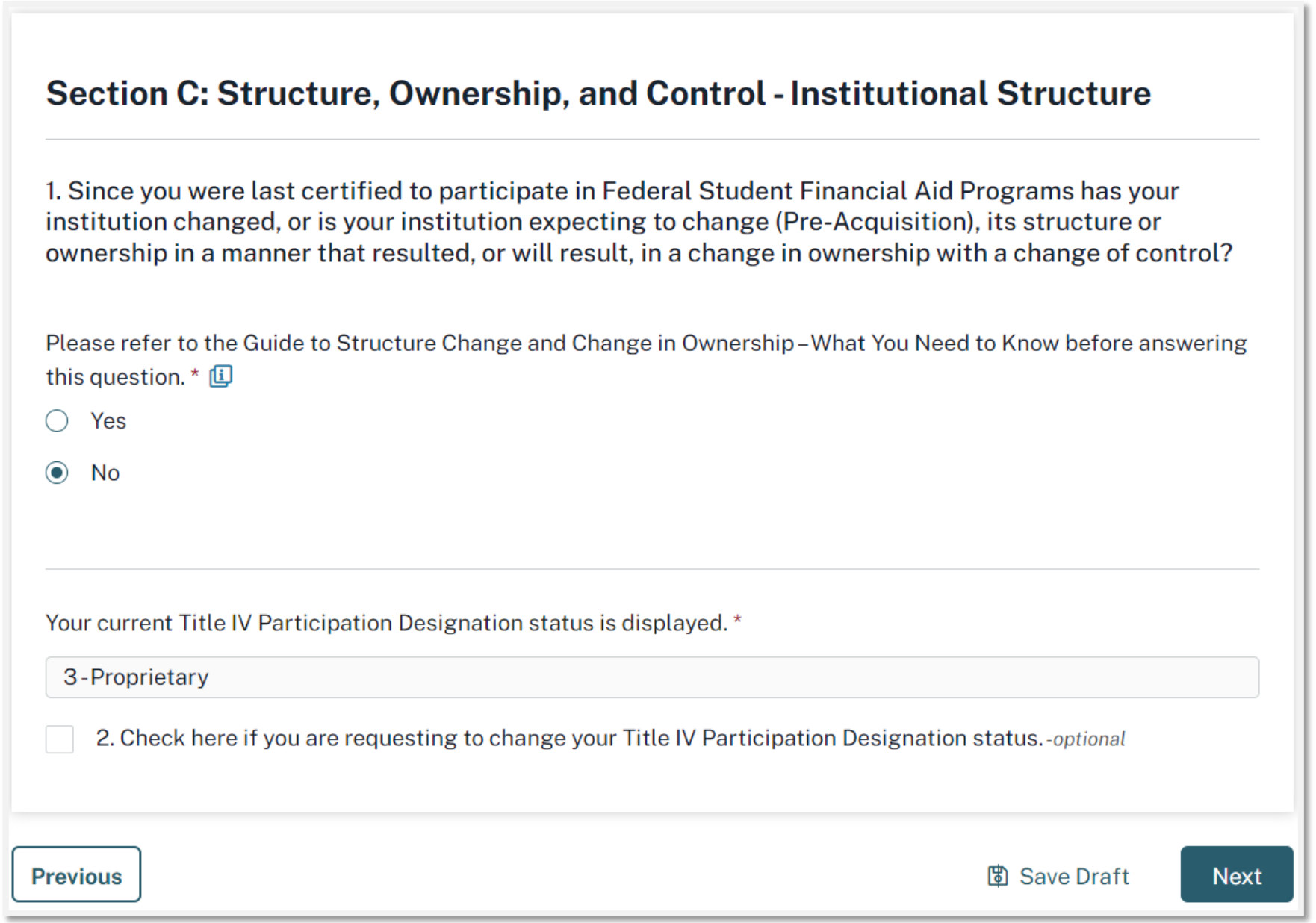
SECTION B. STATE AGENCY – NEW QUESTION 5. (1 of 2)

5. Does the state agency that authorizes you, or exempts you, have a process to review and appropriately act on complaints concerning the institution including enforcing applicable State laws? *

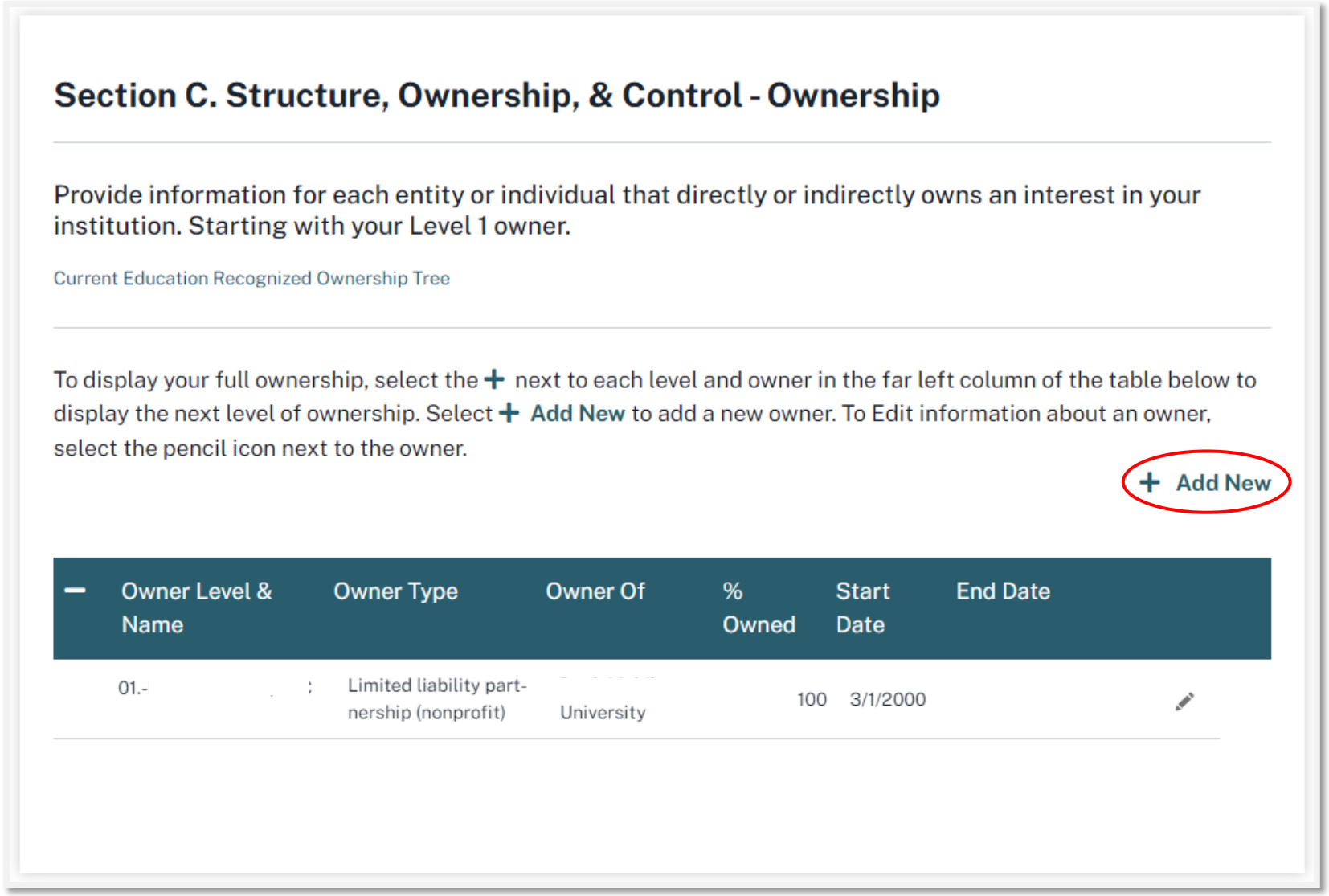
- (●) Yes
- ( ) No

STEP 4 — OWNERS, OFFICIALS & ADMINISTRATORS

SECTION C. STRUCTURE, OWNERSHIP, AND CONTROL – INSTITUTIONAL STRUCTURE



SECTION C. OWNER LEVELS – PRIVATE NONPROFIT



Section C. Structure, Ownership, & Control - Ownership

Provide information for each entity or individual that directly or indirectly owns an interest in your institution. Starting with your Level 1 owner.

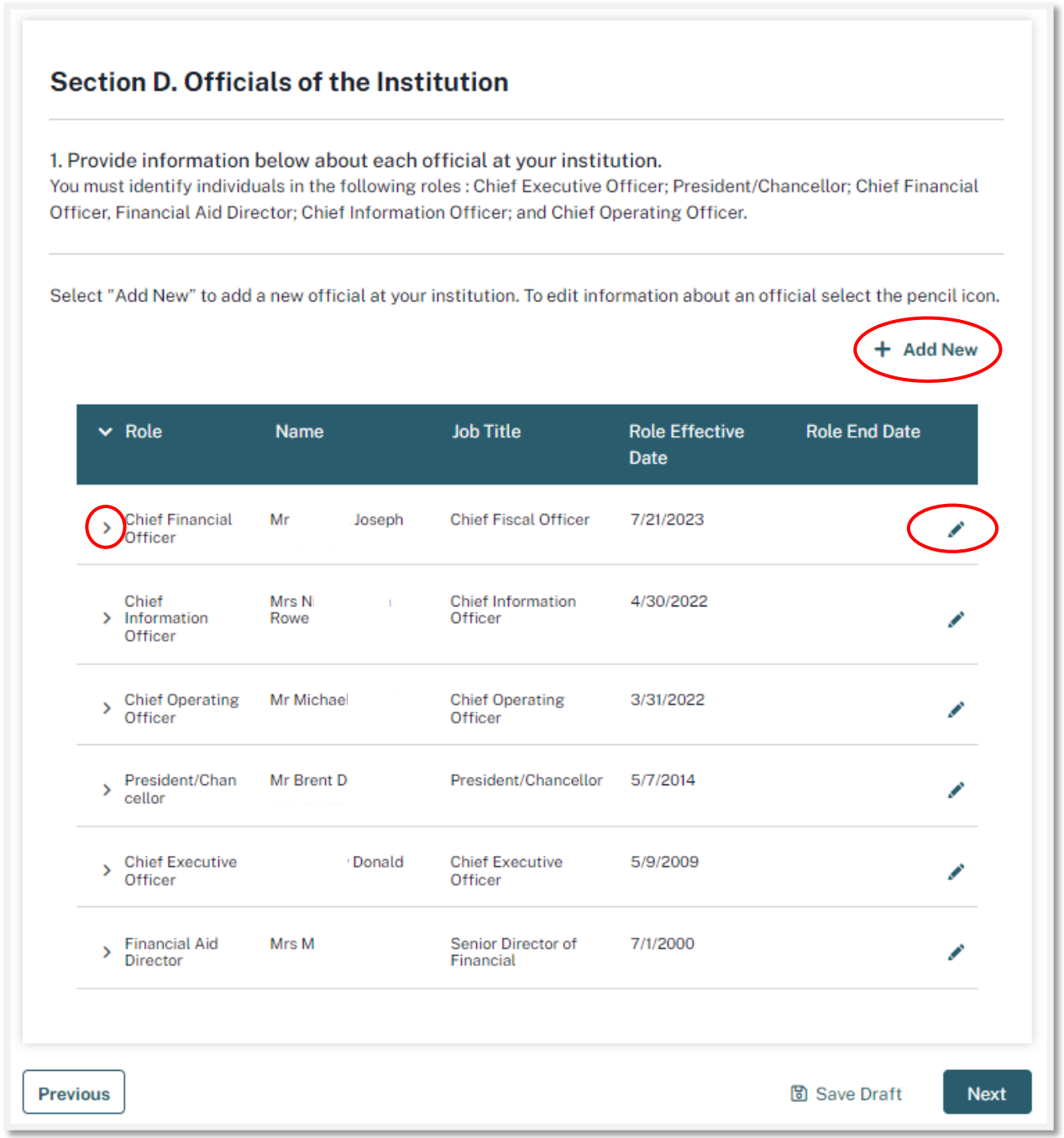
Current Education Recognized Ownership Tree

To display your full ownership, select the + next to each level and owner in the far left column of the table below to display the next level of ownership. Select + Add New to add a new owner. To Edit information about an owner, select the pencil icon next to the owner.

+ Add New

−	Owner Level & Name	Owner Type	Owner Of	% Owned	Start Date	End Date	
	01.-	Limited liability partnership (nonprofit)	University	100	3/1/2000		

SECTION D. OFFICIALS OF THE INSTITUTION (1 of 2)



Section D. Officials of the Institution

1. Provide information below about each official at your institution.
You must identify individuals in the following roles : Chief Executive Officer; President/Chancellor; Chief Financial Officer, Financial Aid Director; Chief Information Officer; and Chief Operating Officer.

Select "Add New" to add a new official at your institution. To edit information about an official select the pencil icon.

+ Add New

Role	Name	Job Title	Role Effective Date	Role End Date
Chief Financial Officer	Mr Joseph	Chief Fiscal Officer	7/21/2023	
Chief Information Officer	Mrs N Rowe	Chief Information Officer	4/30/2022	
Chief Operating Officer	Mr Michael	Chief Operating Officer	3/31/2022	
President/Chancellor	Mr Brent D	President/Chancellor	5/7/2014	
Chief Executive Officer	Donald	Chief Executive Officer	5/9/2009	
Financial Aid Director	Mrs M	Senior Director of Financial	7/1/2000	

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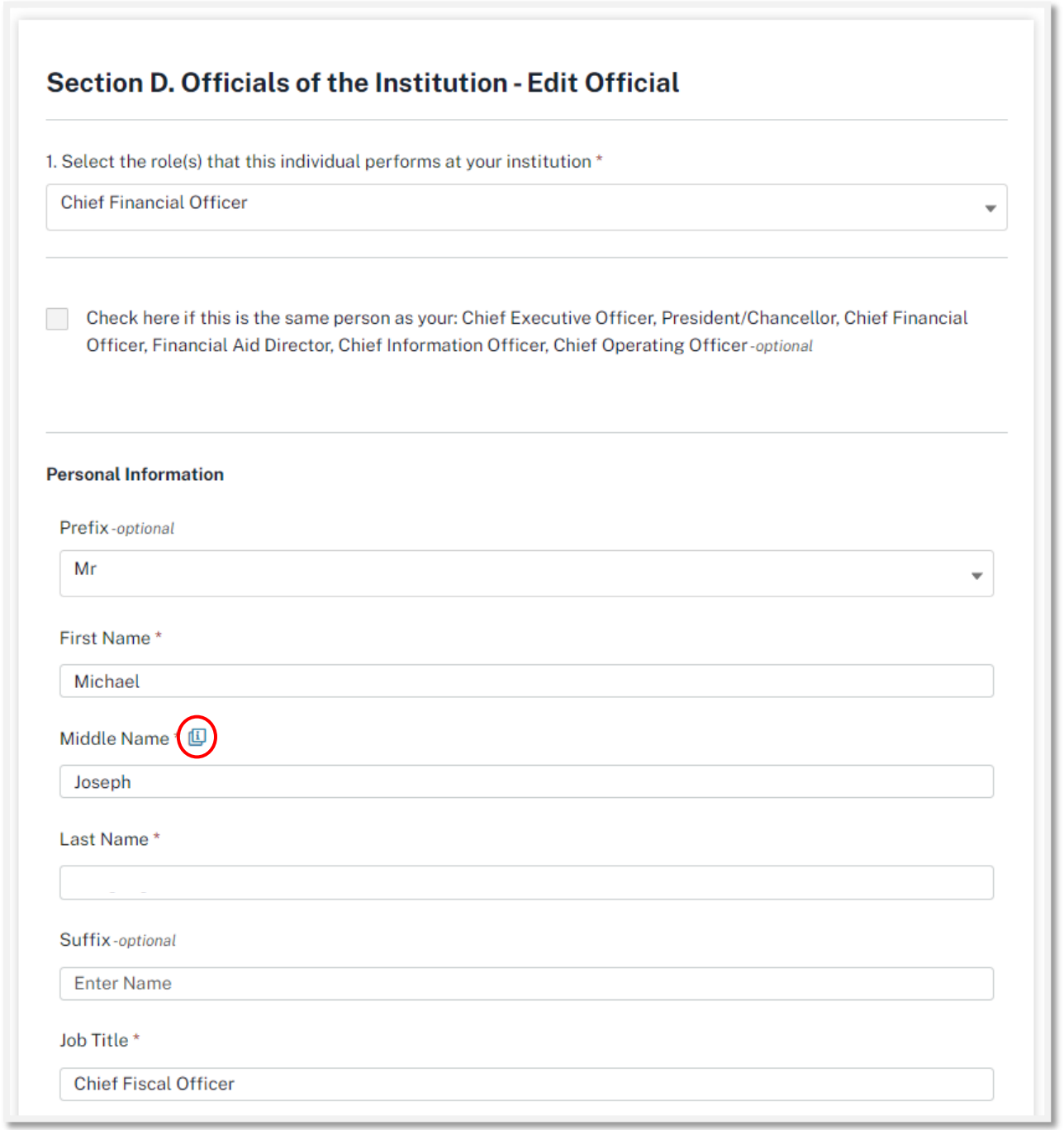
SECTION D. — EDIT OFFICIAL



Section D. Officials of the Institution - Edit Official

1. Select the role(s) that this individual performs at your institution *

Chief Financial Officer

Check here if this is the same person as your: Chief Executive Officer, President/Chancellor, Chief Financial Officer, Financial Aid Director, Chief Information Officer, Chief Operating Officer -optional

Personal Information

Prefix -optional

Mr

First Name *

Michael

Middle Name *

Joseph

Last Name *

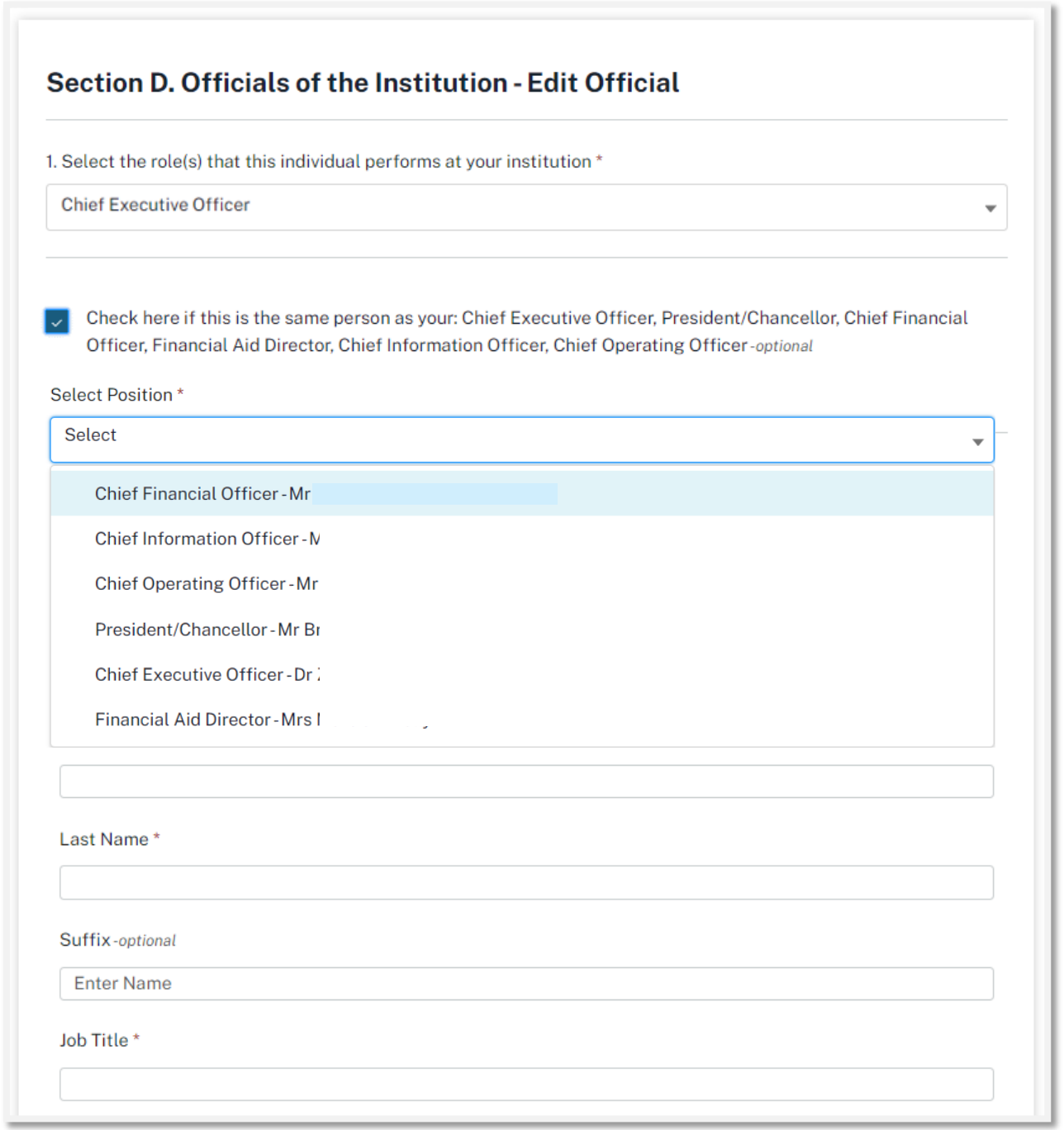
Suffix -optional

Enter Name

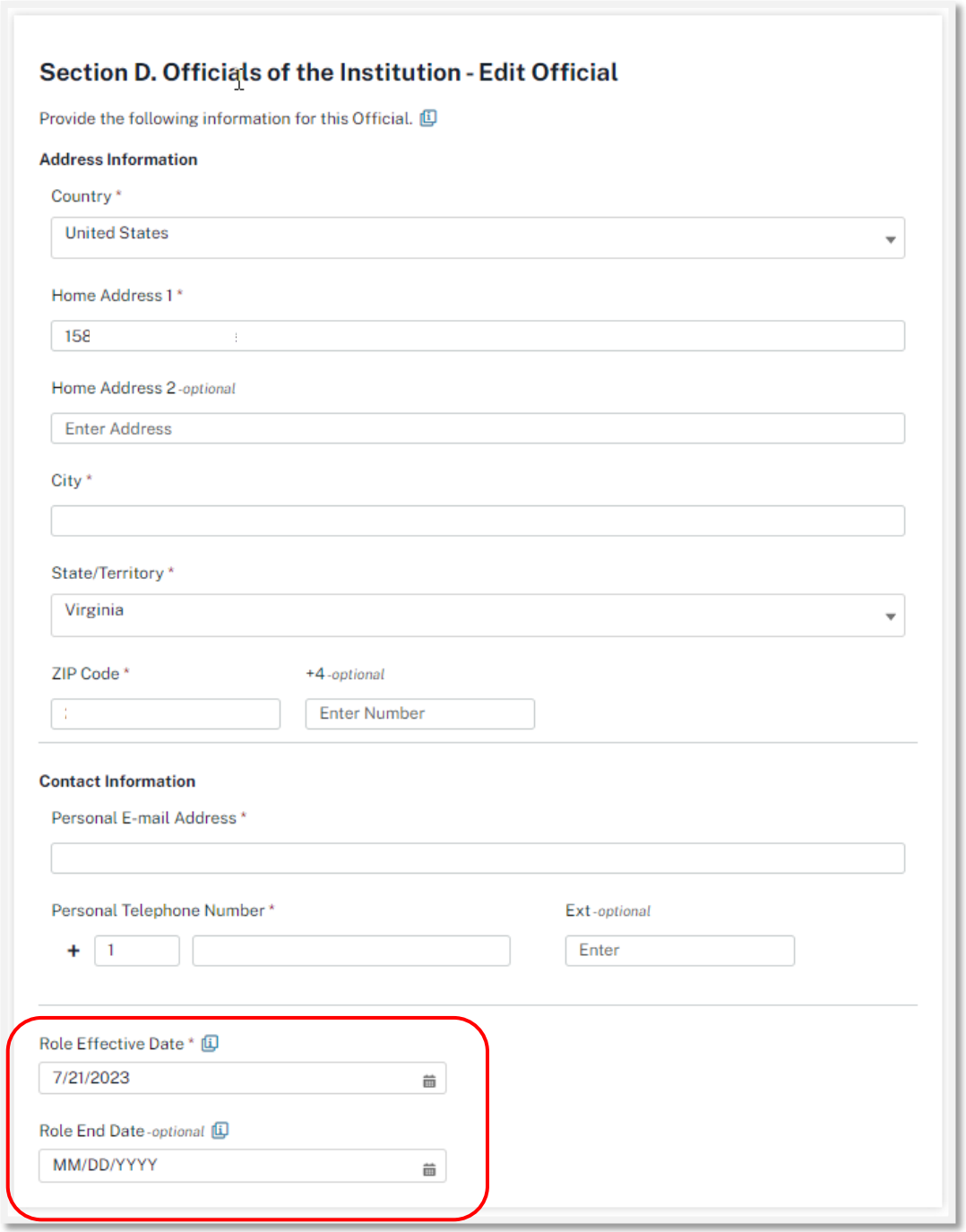
Job Title *

Chief Fiscal Officer

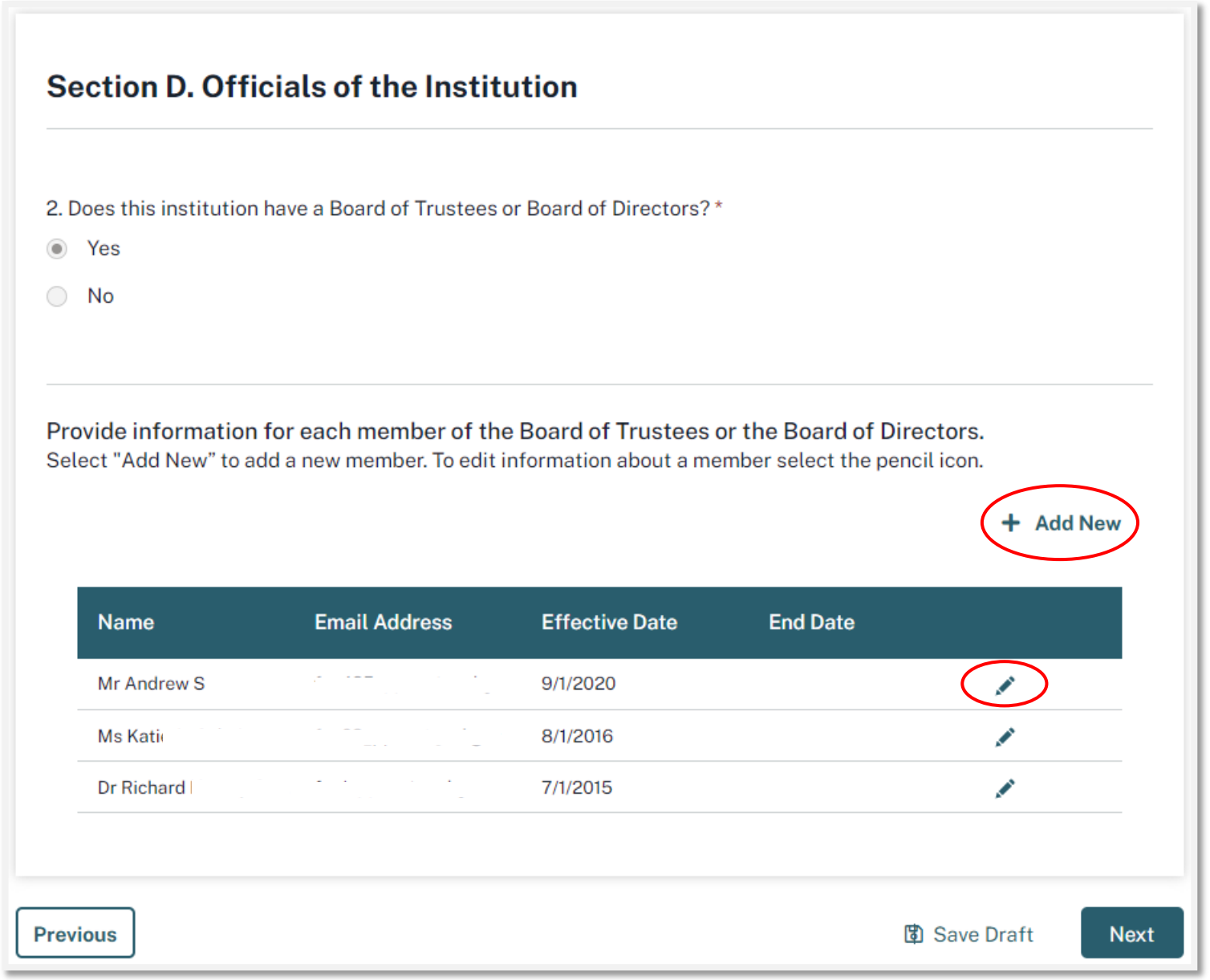
SECTION D. — EDIT OFFICIAL (ADD NEW ROLE) (2 of 2)



SECTION D. — EDIT OFFICIAL PERSONAL CONTACT INFORMATION



SECTION D. OFFICIALS — BOARD MEMBERS (1 of 3)



Section D. Officials of the Institution

2. Does this institution have a Board of Trustees or Board of Directors? *

- (•) Yes
- ( ) No

Provide information for each member of the Board of Trustees or the Board of Directors.
Select "Add New" to add a new member. To edit information about a member select the pencil icon.

+ Add New

Name	Email Address	Effective Date	End Date	
Mr Andrew S		9/1/2020		✎
Ms Kati		8/1/2016		✎
Dr Richard		7/1/2015		✎

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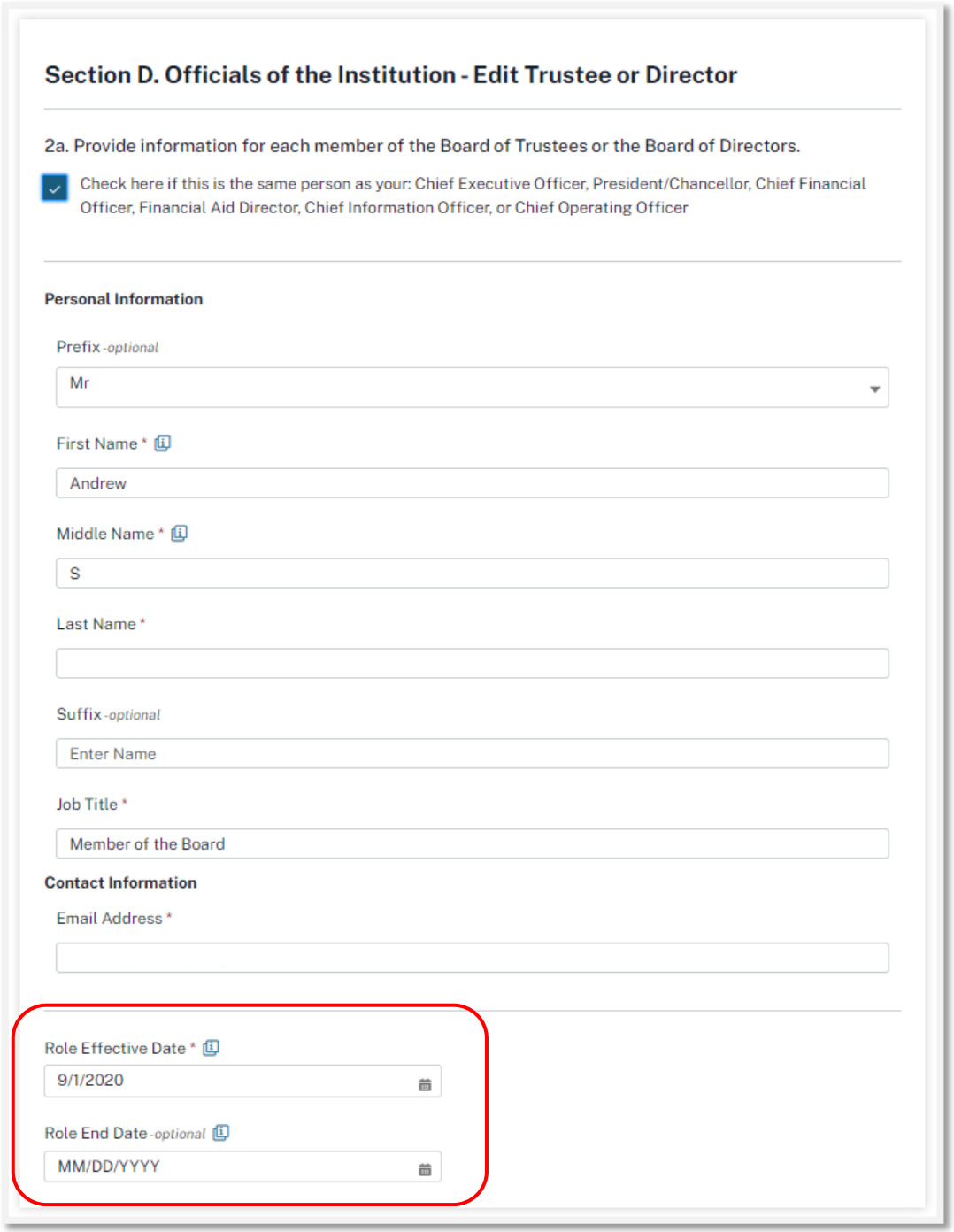
SECTION D. OFFICIALS — BOARD MEMBERS (2 of 3)



Section D. Officials of the Institution - Edit Trustee or Director

2a. Provide information for each member of the Board of Trustees or the Board of Directors.

☑ Check here if this is the same person as your: Chief Executive Officer, President/Chancellor, Chief Financial Officer, Financial Aid Director, Chief Information Officer, or Chief Operating Officer

Personal Information

Prefix *-optional*
Mr

First Name *
Andrew

Middle Name *
S

Last Name *

Suffix *-optional*
Enter Name

Job Title *
Member of the Board

Contact Information

Email Address *

Role Effective Date *
9/1/2020

Role End Date *-optional*
MM/DD/YYYY

SECTION D. BOARD MEMBER OWNERSHIP

Section D. Officials of the Institution - Board Member Ownership

2b. Has this Board member ever had any ownership of another institution that is now participating in or has ever participated in federal student financial aid programs? *

- ○ Yes
- ◉ No

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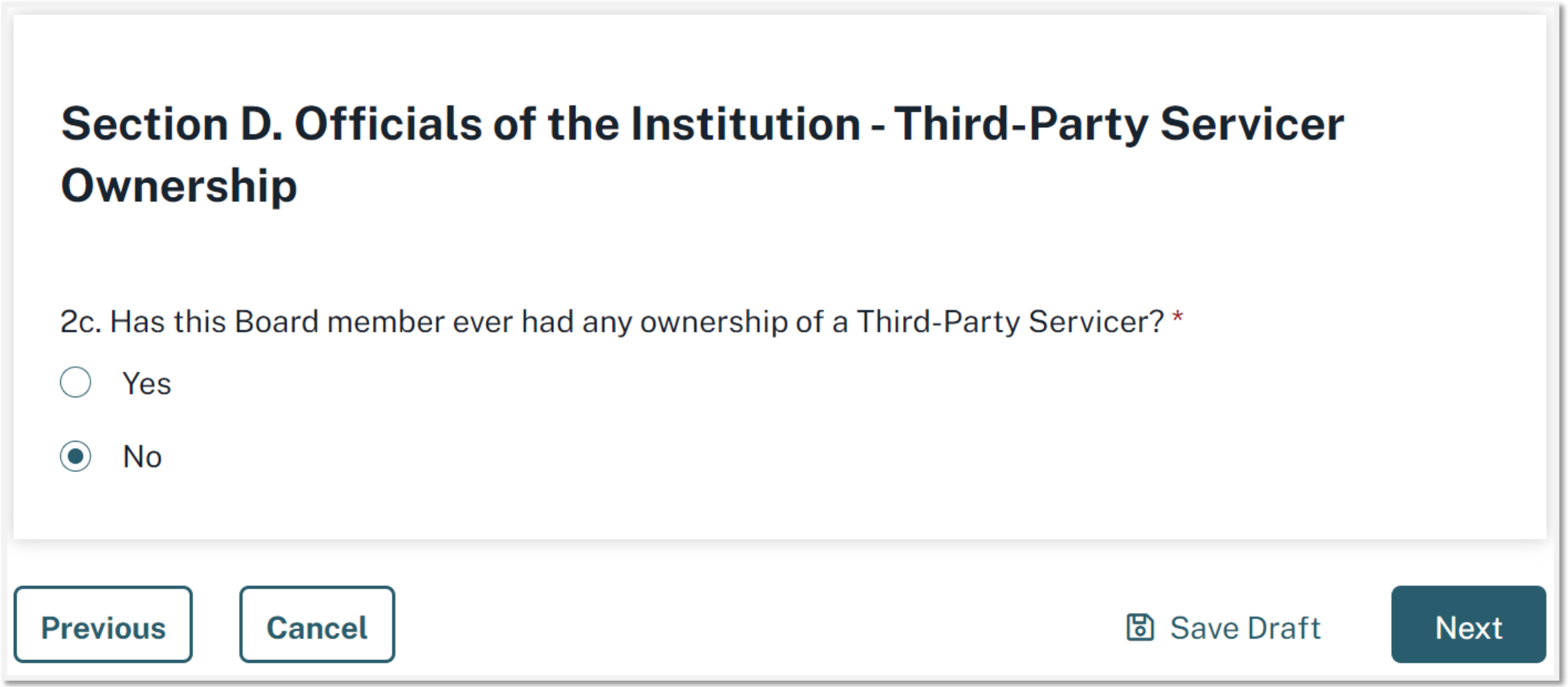
SECTION D. BOARD MEMBER — THIRD-PARTY SERVICER OWNERSHIP



SECTION D. BOARD MEMBER — POSITIONS HELD (1 of 2)

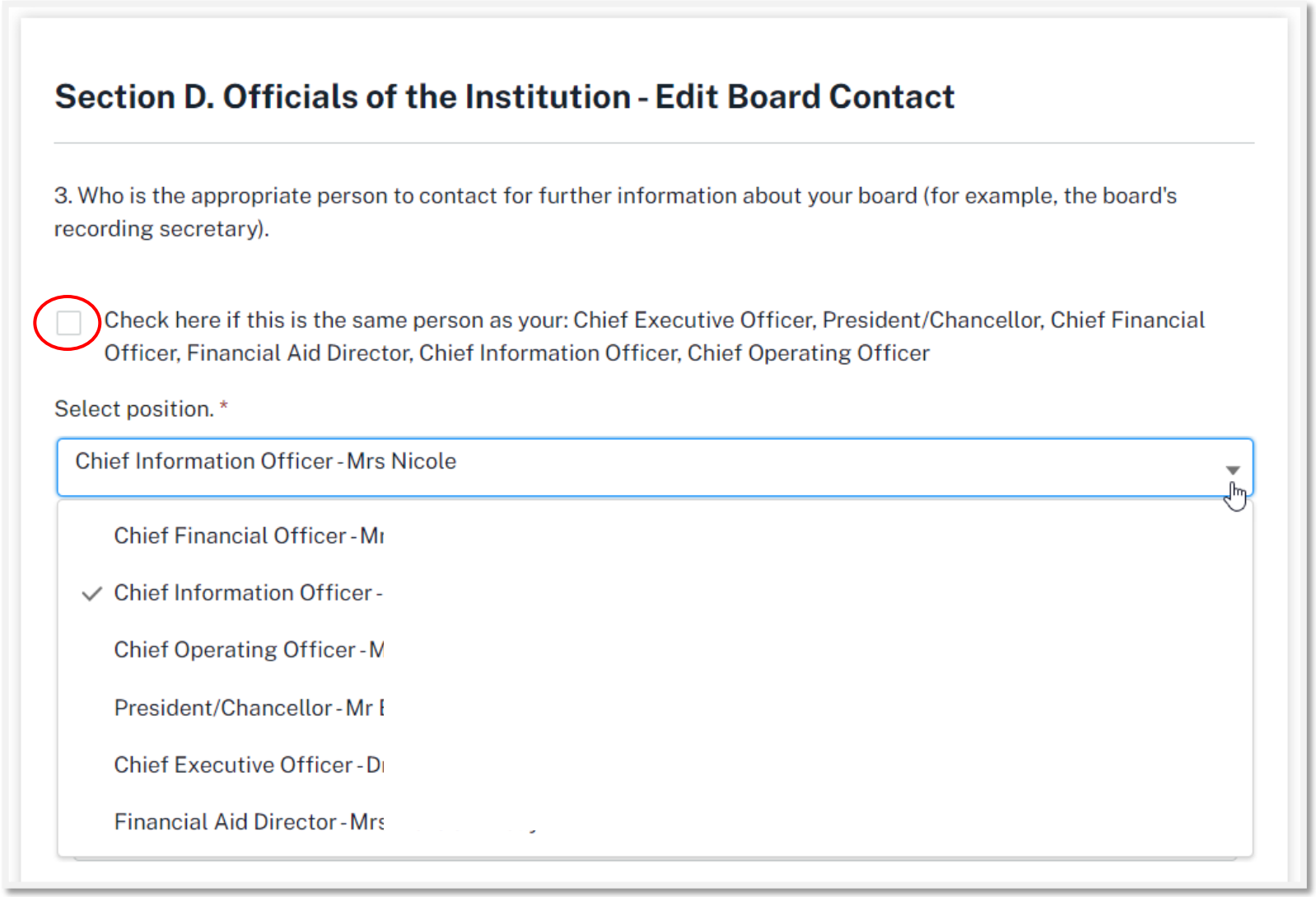
Section D. Officials of the Institution - Board Member Positions Held

2d. Has this Board member ever held a position or ever served as a board member at another institution? *

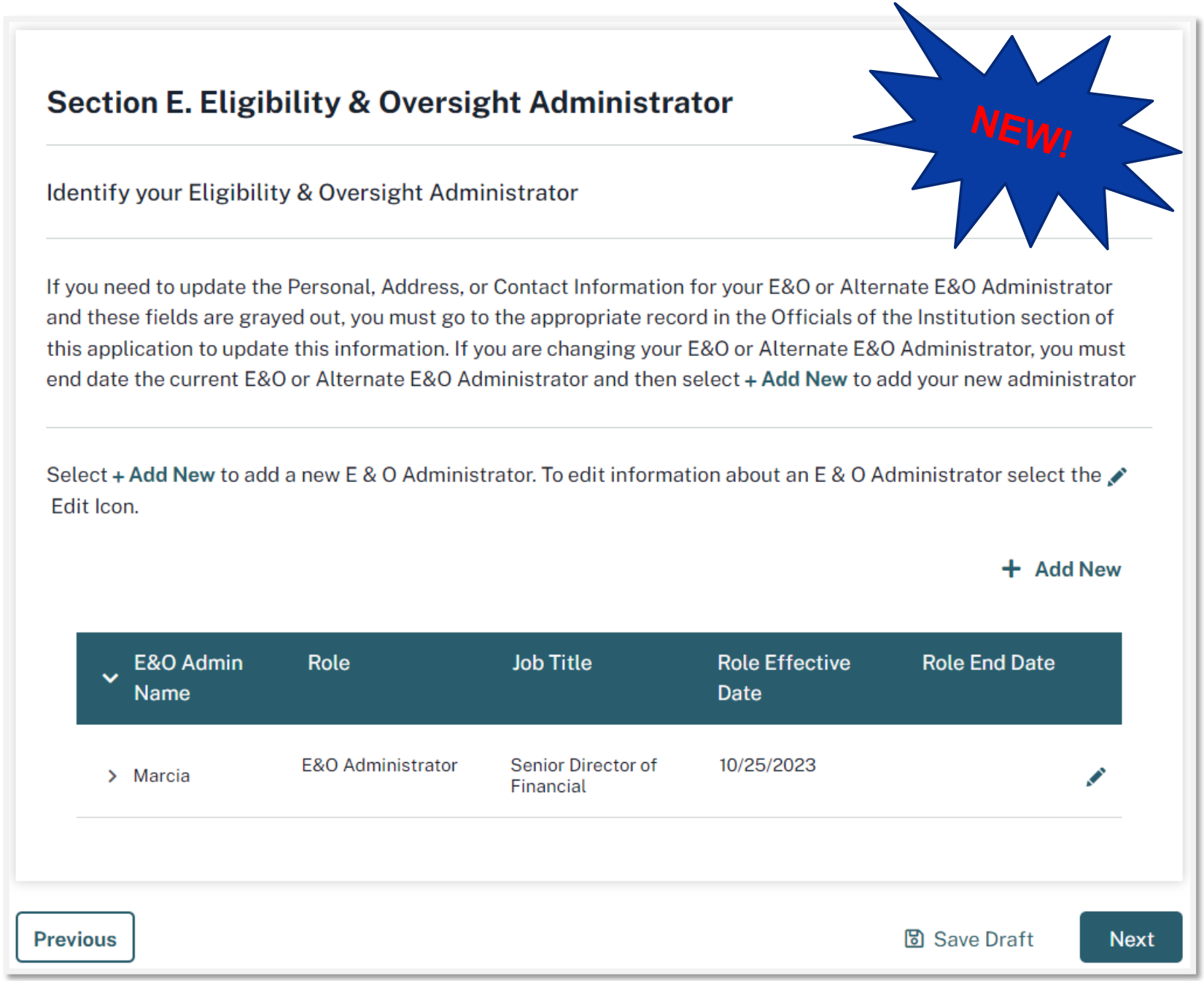
- ○ Yes
- ◉ No

Previous | Cancel | Save Draft | Edit Board Member

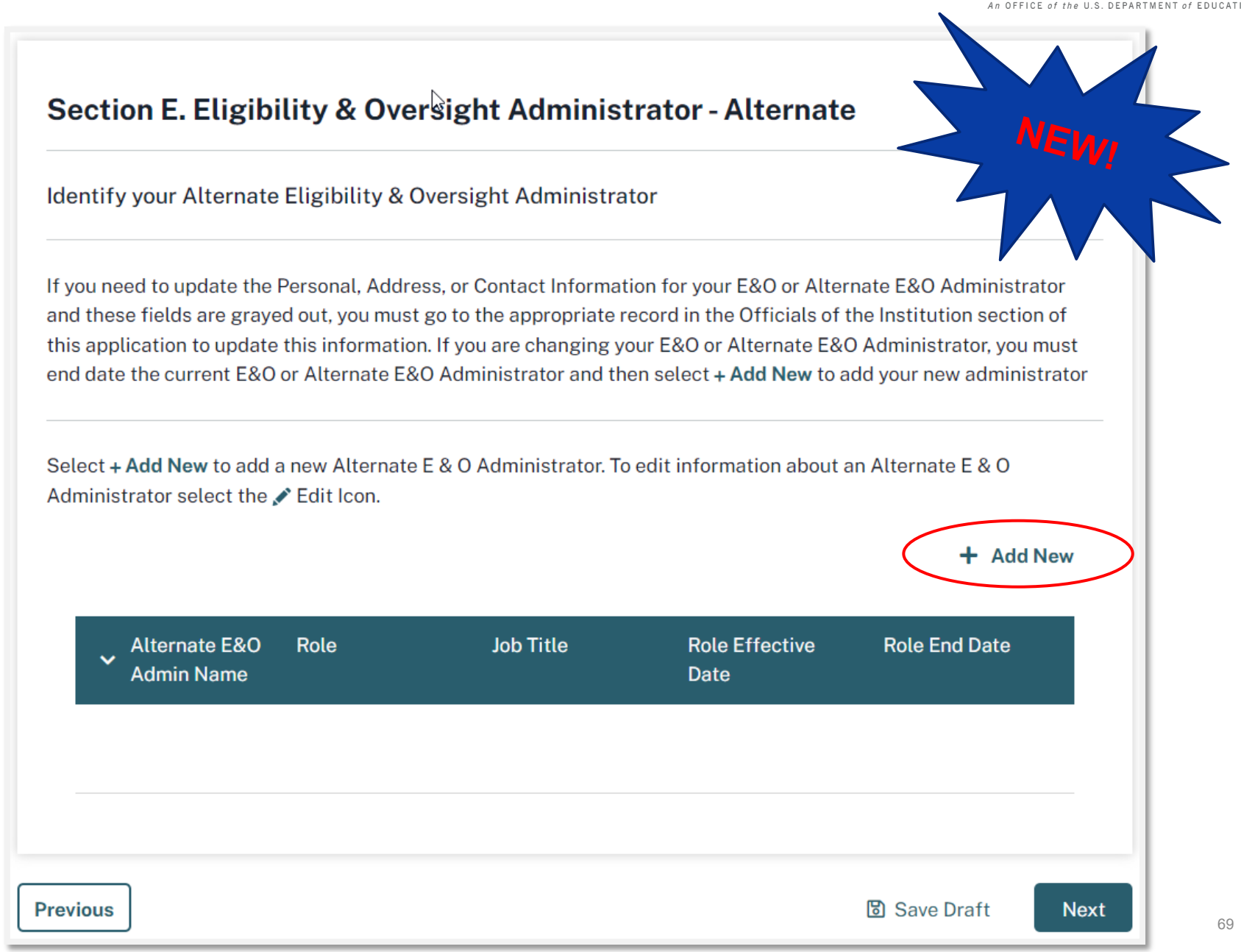
SECTION D. EDIT BOARD CONTACT



SECTION E. ELIGIBILITY & OVERSIGHT(E&O) ADMINISTRATOR

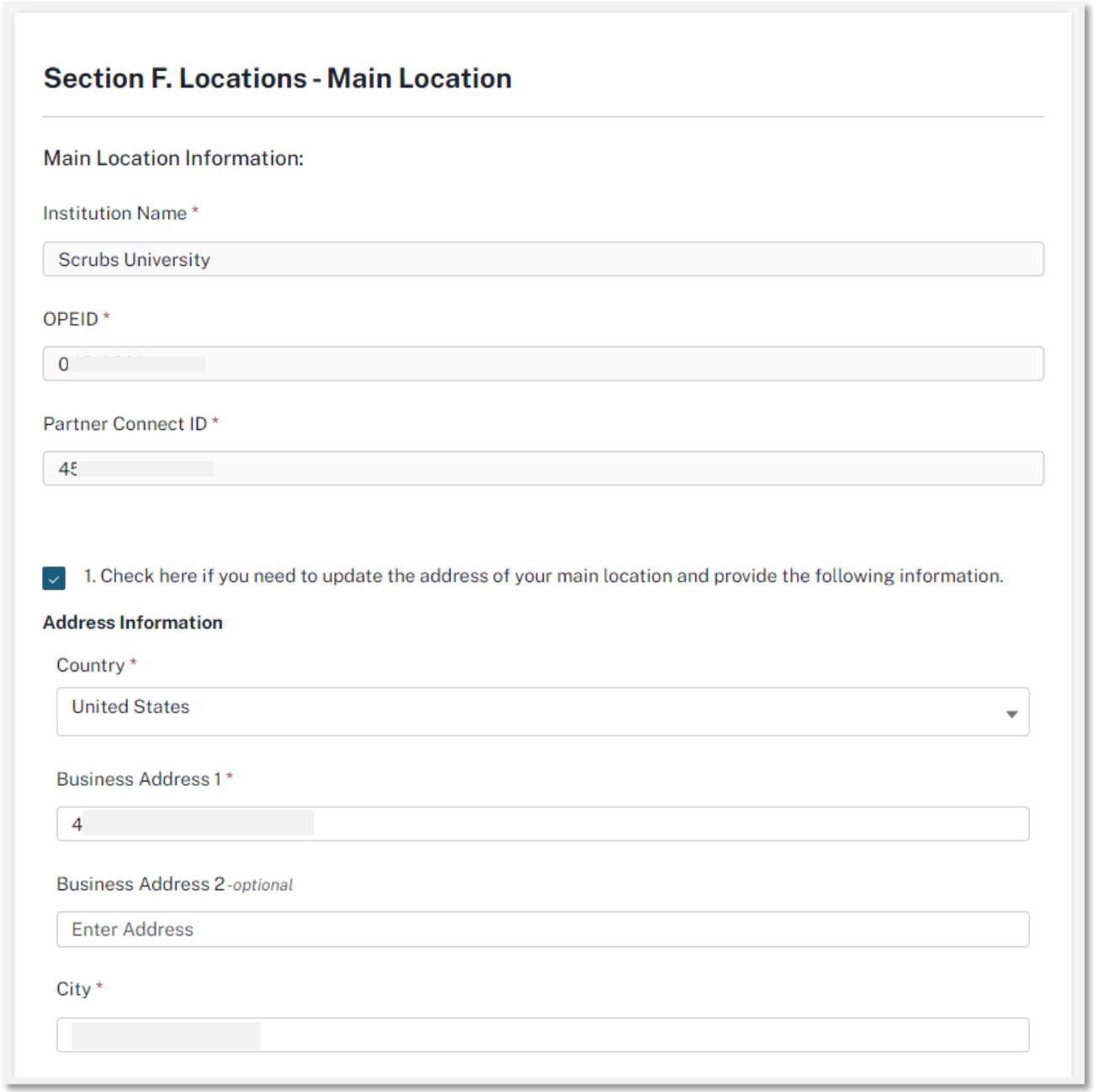


SECTION E. ELIGIBILITY & OVERSIGHT (E&O) ADMINISTRATOR — ALTERNATE



STEP 5 — LOCATIONS & EDUCATIONAL PROGRAMS

SECTION F. LOCATIONS – MAIN LOCATION



Section F. Locations - Main Location

Main Location Information:

Institution Name *

Scrubs University

OPEID *

0

Partner Connect ID *

45

1. Check here if you need to update the address of your main location and provide the following information.

Address Information

Country *

United States

Business Address 1 *

4

Business Address 2 *-optional*

Enter Address

City *

SECTION F. LOCATIONS – NEW QUESTION

Section F. Locations - Instruction

Do students receive instruction at this physical location?

Select “yes” if students enrolled at your institution receive instruction at this physical location. Select “no” if this location is an administrative location where no students physically attend class or receive instruction. *

- (●) Yes
- ( ) No

SECTION F. LOCATIONS – MAIN LOCATION FEDERAL SCHOOL CODE

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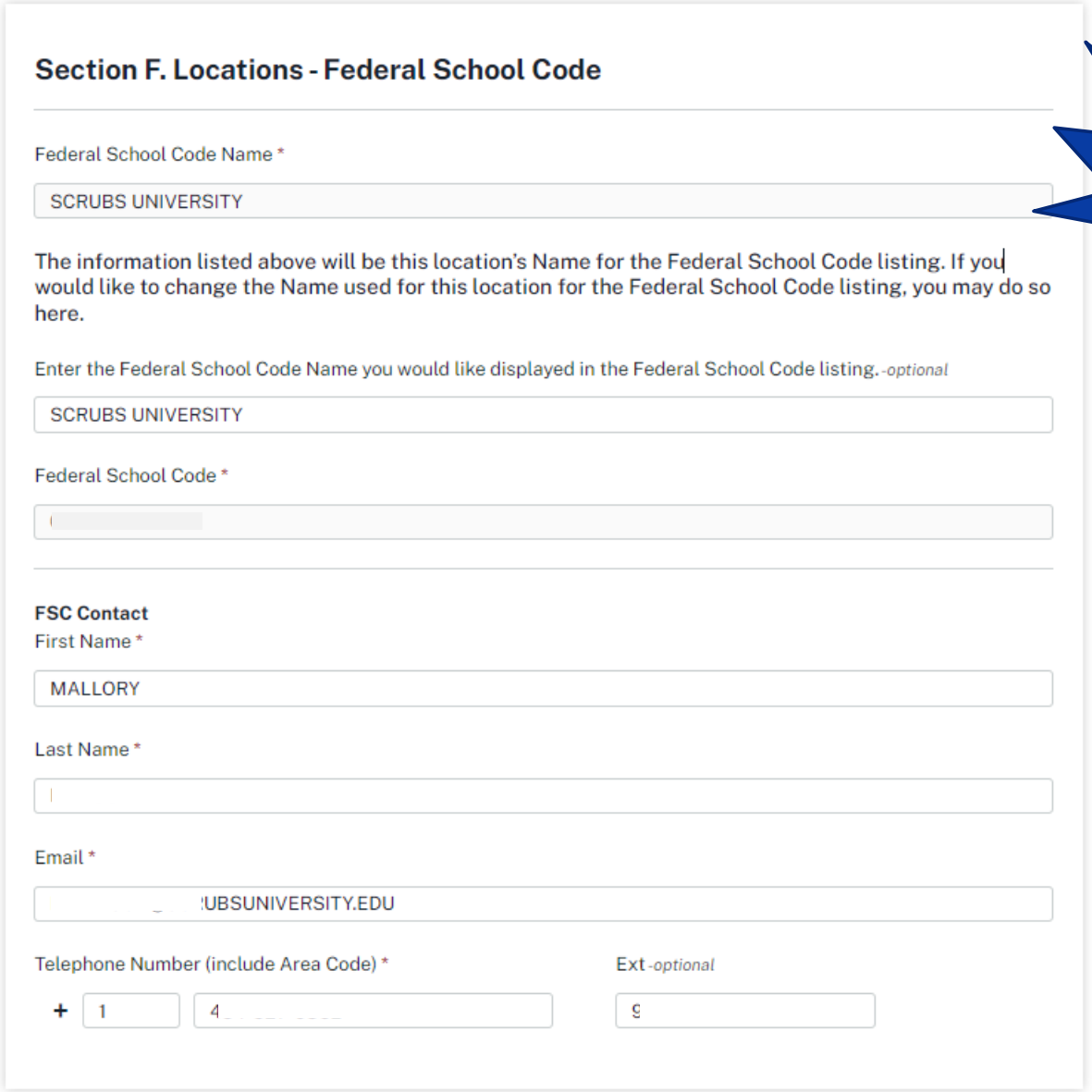
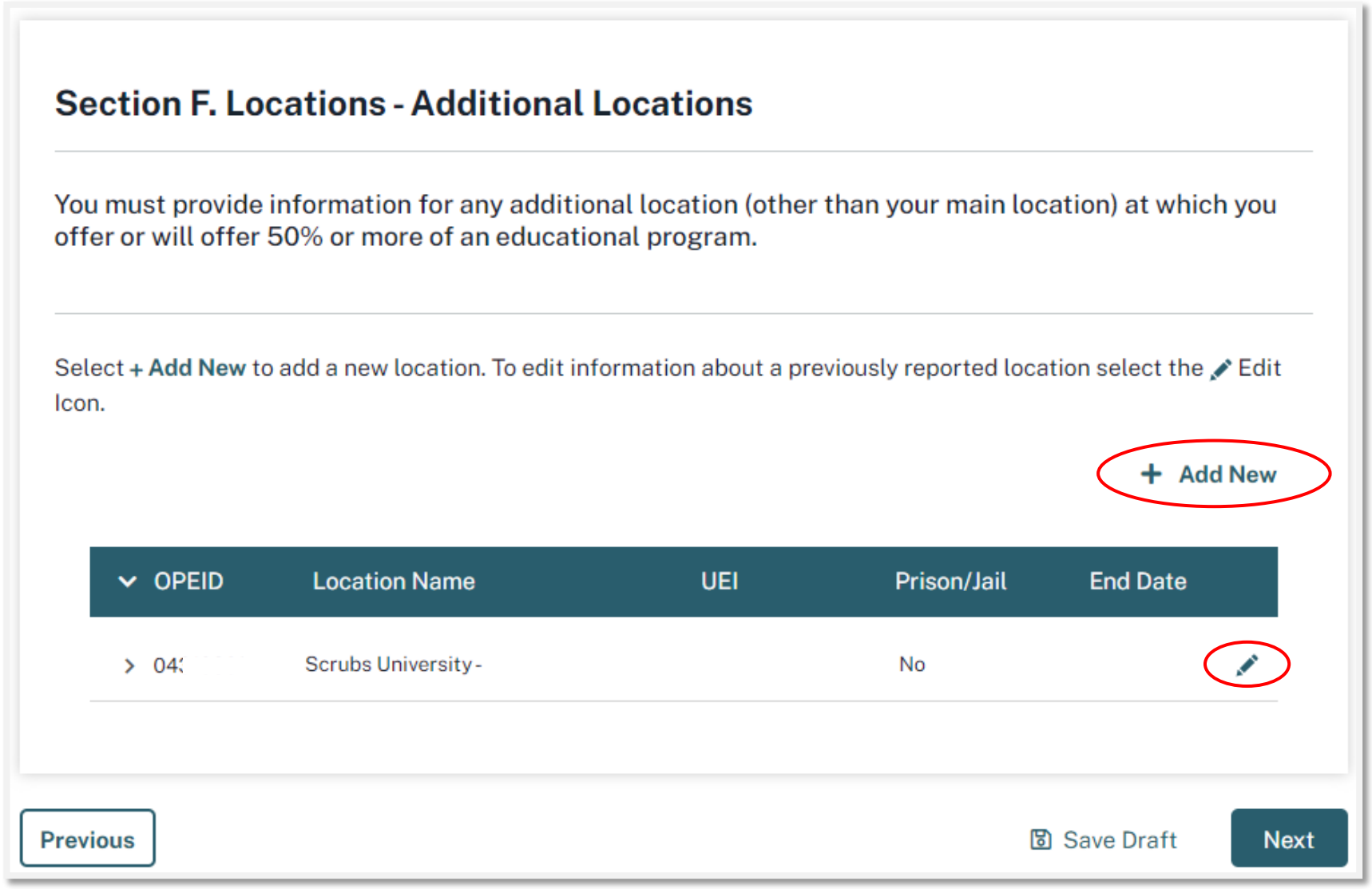
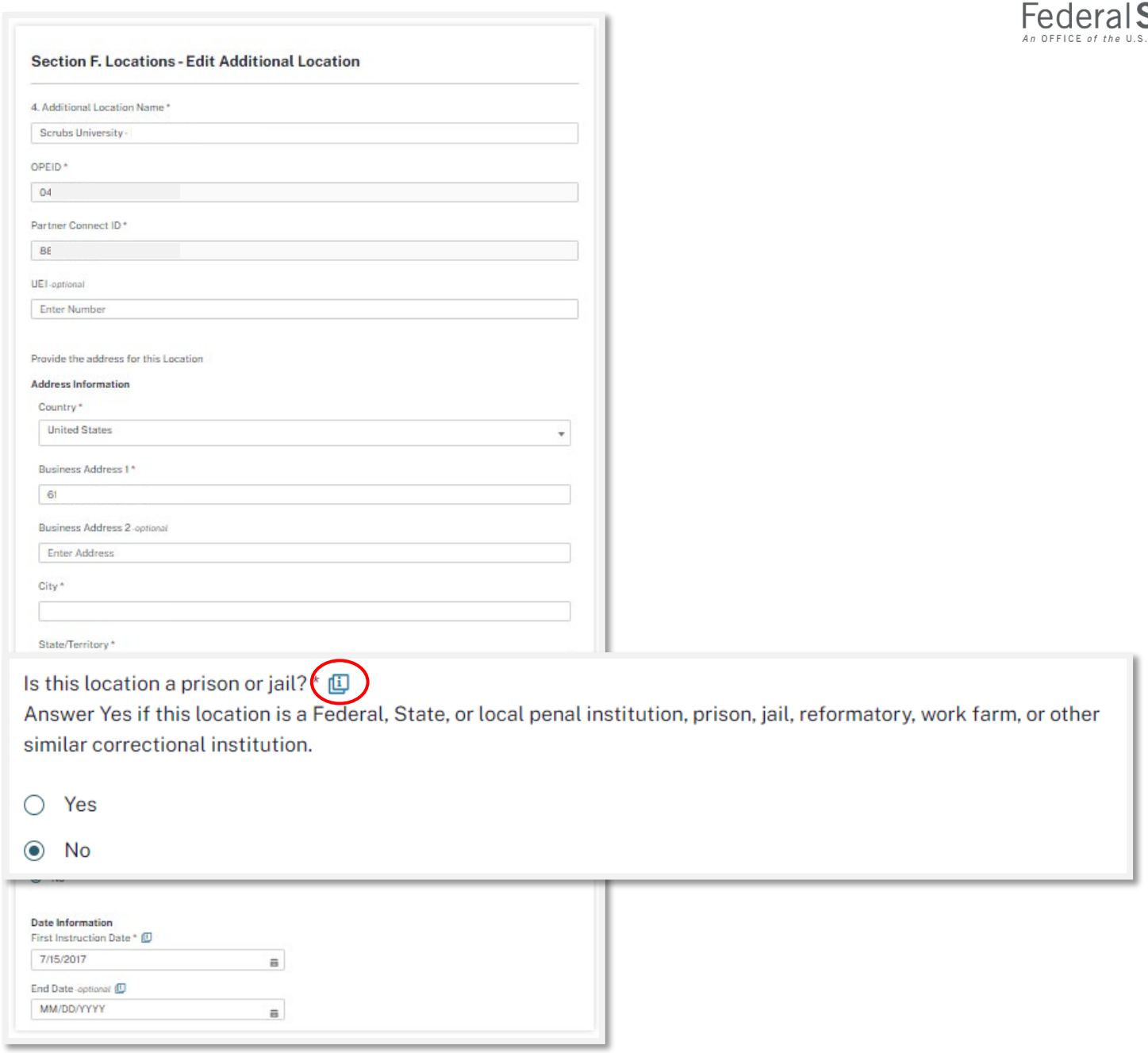
NEW!



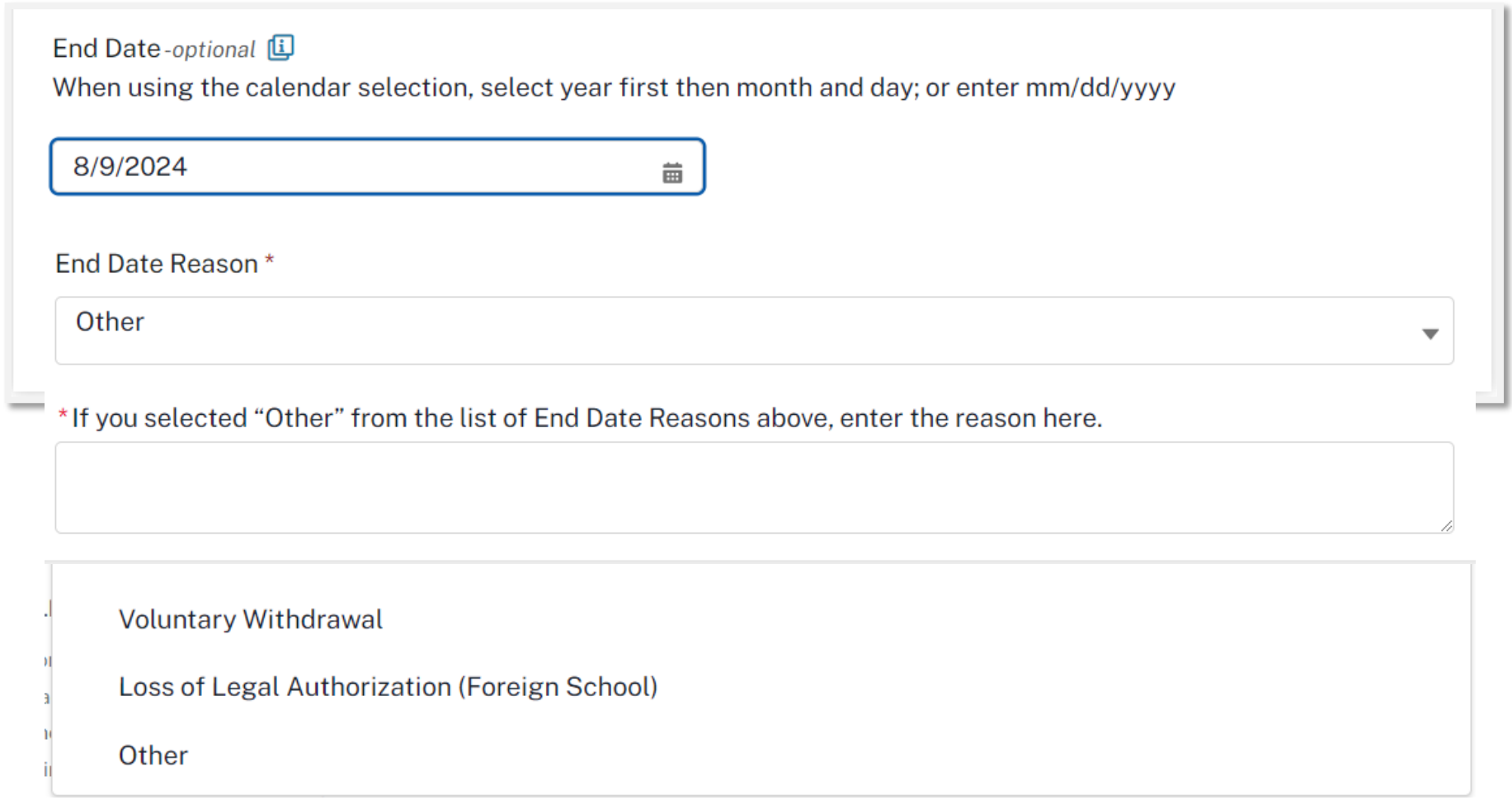
SECTION F. LOCATIONS – ADDITIONAL LOCATIONS (1 of 3)



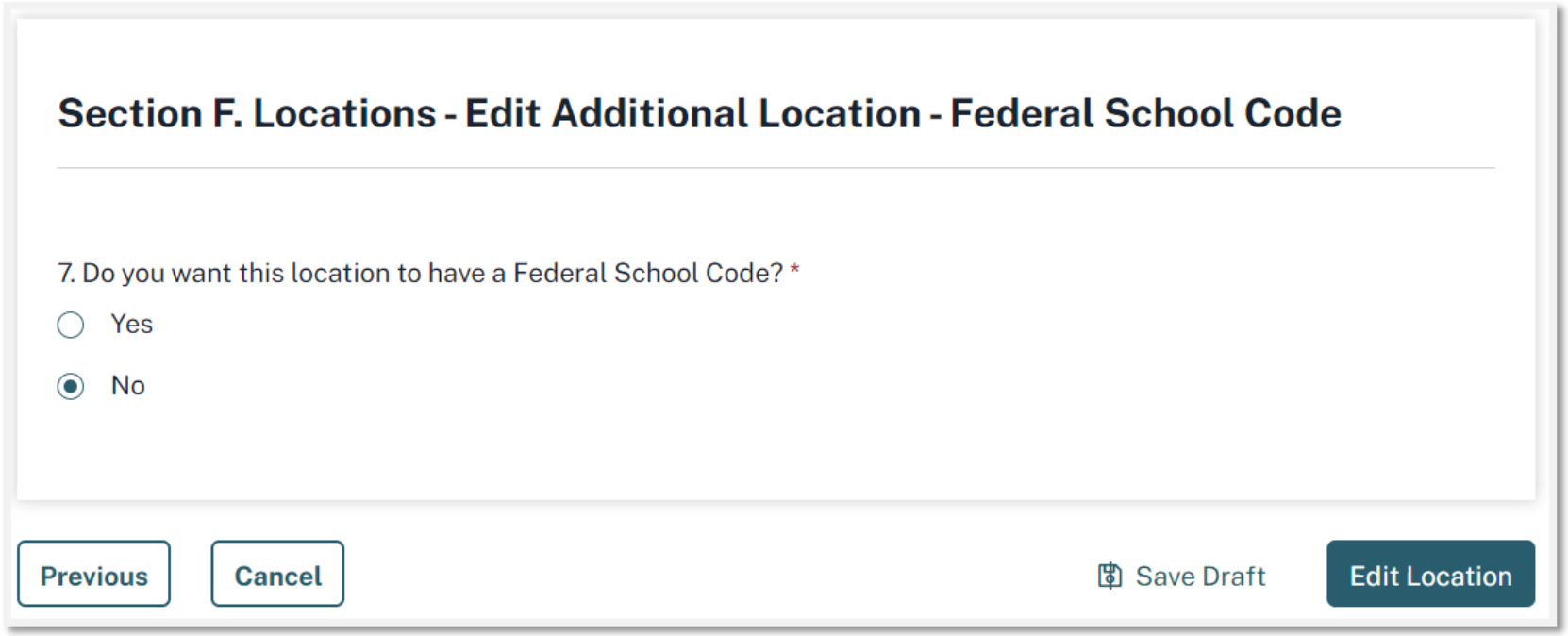
SECTION F. LOCATIONS – ADDITIONAL LOCATIONS (2 of 3)



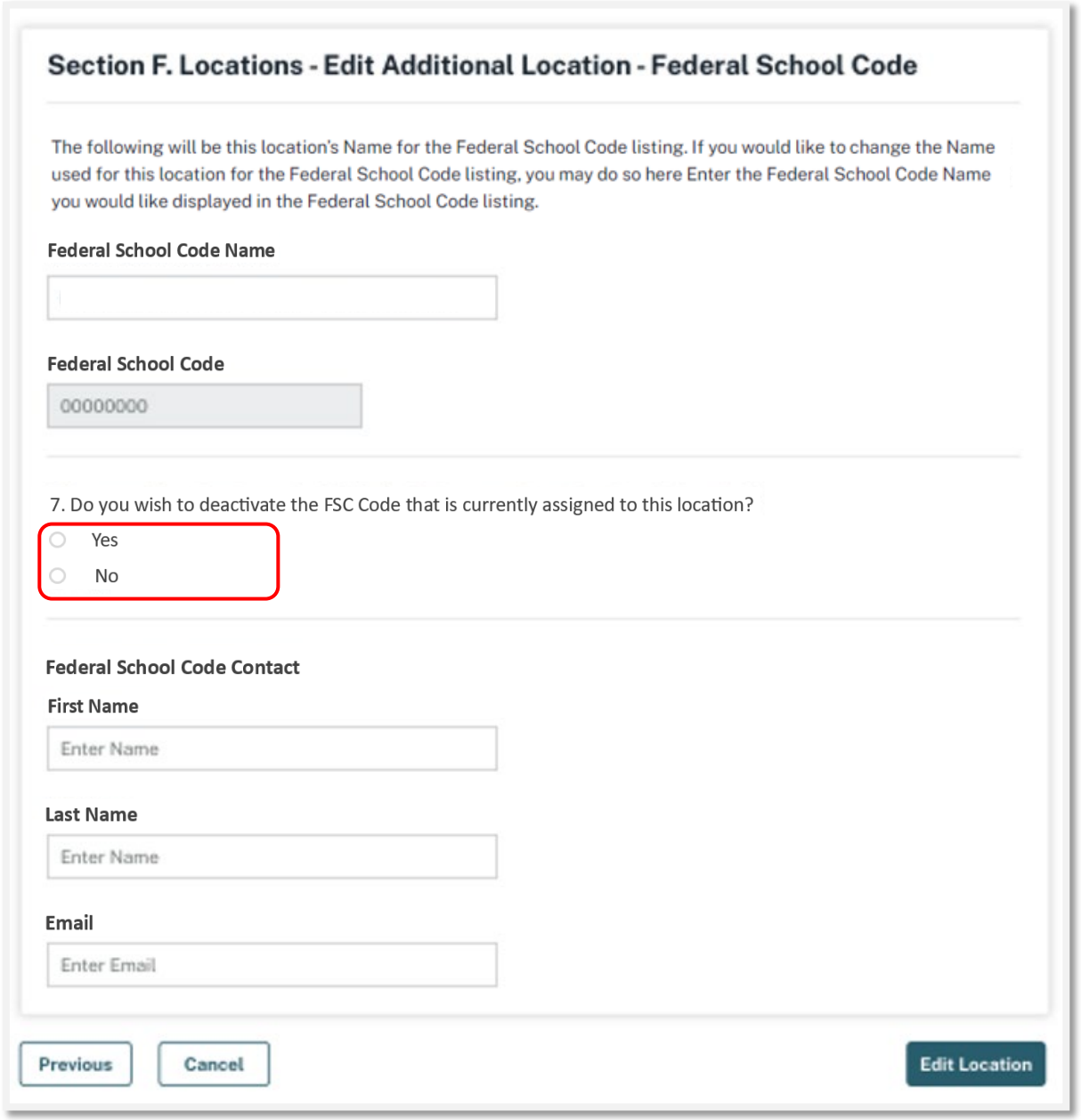
SECTION F. LOCATIONS – ADDITIONAL LOCATIONS (3 of 3)



SECTION F. LOCATIONS – ADDITIONAL LOCATION – FEDERAL SCHOOL CODE (1 of 2)



SECTION F. LOCATIONS – ADDITIONAL LOCATION – FEDERAL SCHOOL CODE (2 of 2)



SECTION G. EDUCATIONAL PROGRAMS

Section G: Educational Programs

You must be able to demonstrate a reasonable relationship between the length of the program and the entry-level requirement for the recognized occupation for which the program prepares the student. The Secretary considers the relationship to be reasonable if the number of clock hours provided in the program does not exceed by more than 50 percent the minimum number of clock hours required for the training in the recognized occupation for which the program prepares the student, as established by the State in which the program is offered or does not exceed 100 percent of the requirements of an adjacent State. A program that includes clock-hours in excess of 150 percent of the in-state requirement, where an adjacent state requires more clock-hours, is not Title IV eligible unless the institution can demonstrate that completion of the program meets the educational requirements for licensure or certification in the adjacent state.

Post-baccalaureate students pursuing prerequisite coursework (such as prerequisite courses for medical school) have their eligibility determined on the basis of student eligibility for federal student financial aid criteria rather than program eligibility criteria. Therefore, these types of programs are not included here.

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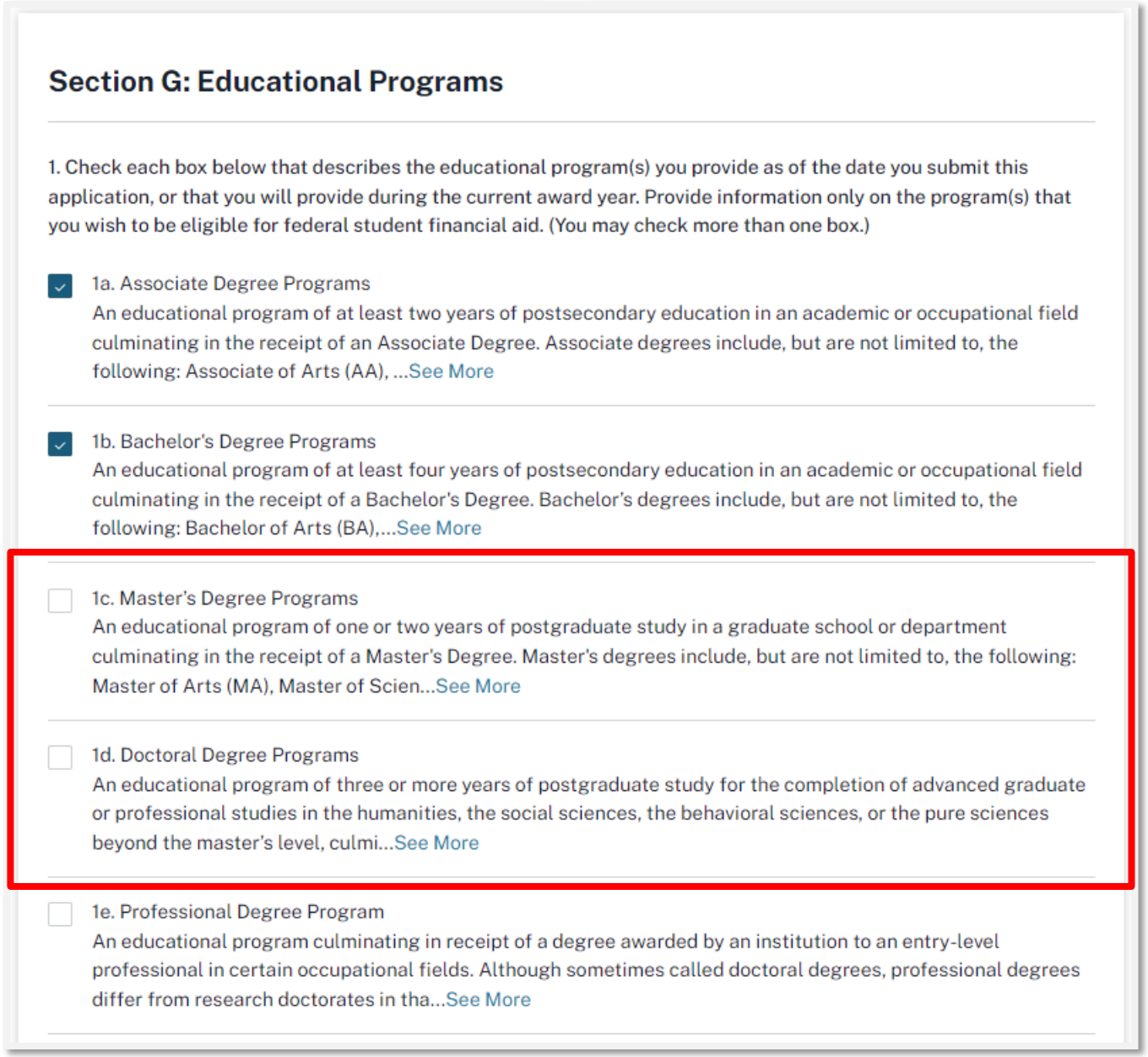
SECTION G. EDUCATIONAL PROGRAM TYPES

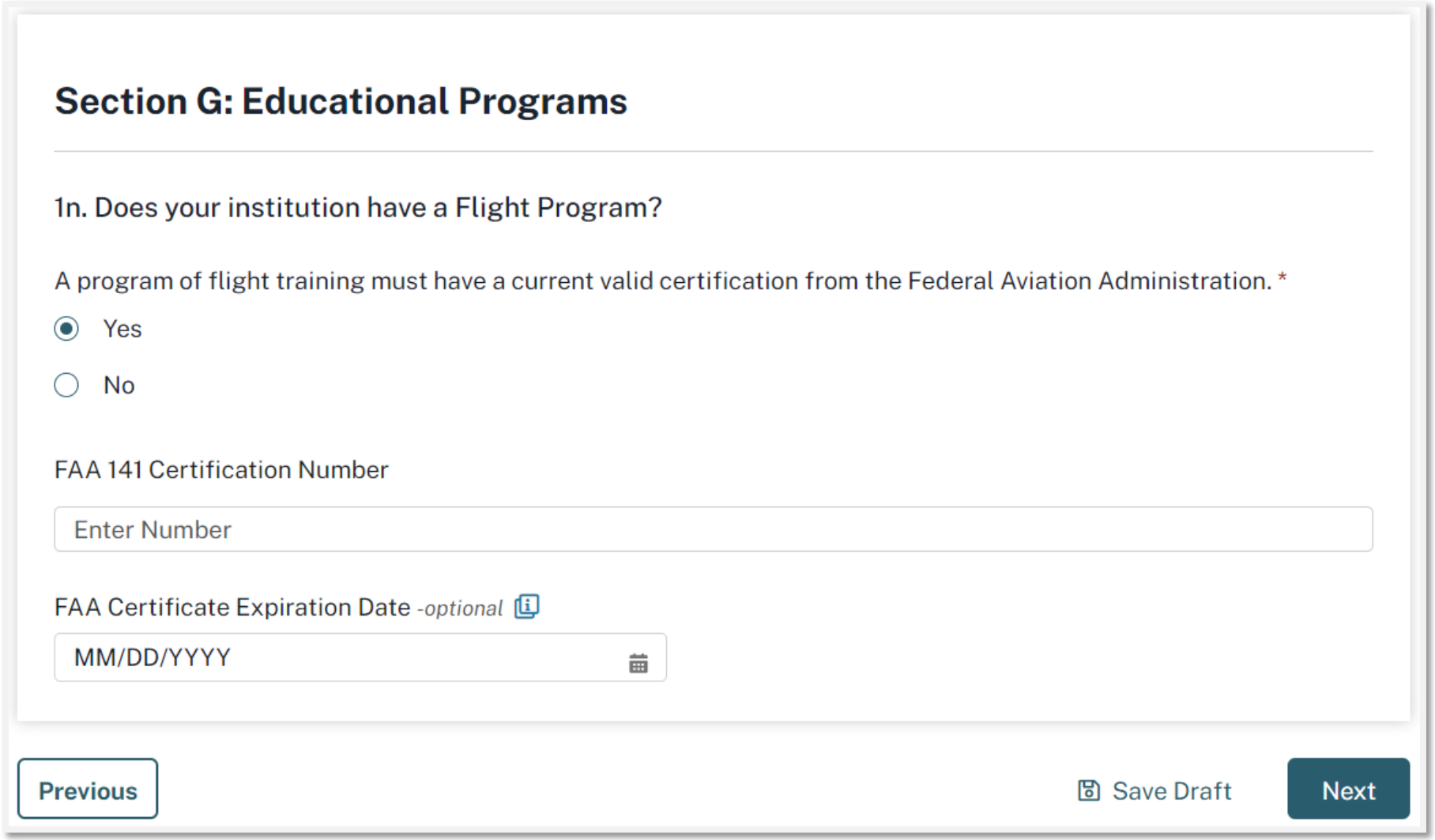


Section G: Educational Programs

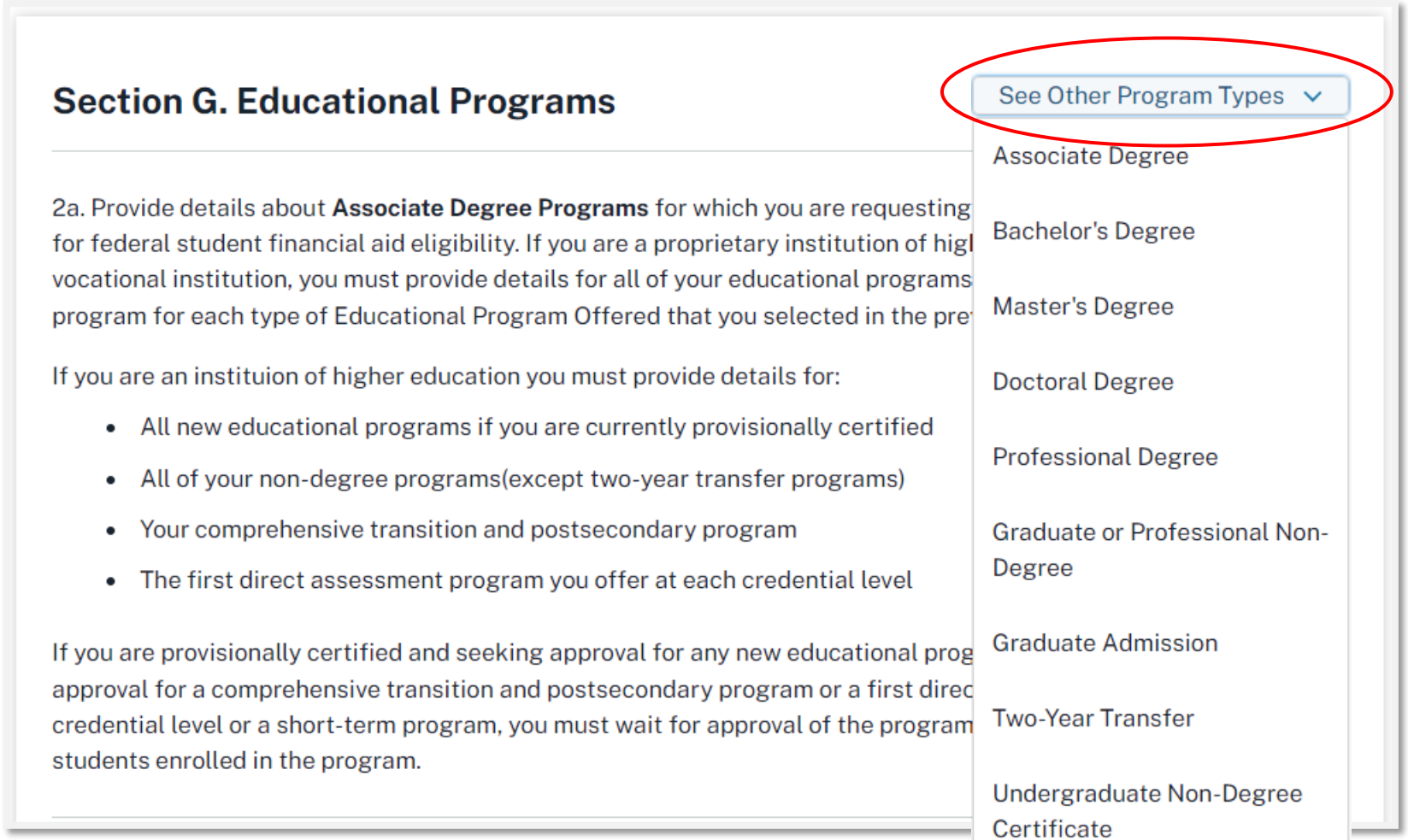
1. Check each box below that describes the educational program(s) you provide as of the date you submit this application, or that you will provide during the current award year. Provide information only on the program(s) that you wish to be eligible for federal student financial aid. (You may check more than one box.)

- [x] 1a. Associate Degree Programs
  An educational program of at least two years of postsecondary education in an academic or occupational field culminating in the receipt of an Associate Degree. Associate degrees include, but are not limited to, the following: Associate of Arts (AA), ...See More
- [x] 1b. Bachelor's Degree Programs
  An educational program of at least four years of postsecondary education in an academic or occupational field culminating in the receipt of a Bachelor's Degree. Bachelor's degrees include, but are not limited to, the following: Bachelor of Arts (BA),...See More
- [ ] 1c. Master's Degree Programs
  An educational program of one or two years of postgraduate study in a graduate school or department culminating in the receipt of a Master's Degree. Master's degrees include, but are not limited to, the following: Master of Arts (MA), Master of Scien...See More
- [ ] 1d. Doctoral Degree Programs
  An educational program of three or more years of postgraduate study for the completion of advanced graduate or professional studies in the humanities, the social sciences, the behavioral sciences, or the pure sciences beyond the master's level, culmi...See More
- [ ] 1e. Professional Degree Program
  An educational program culminating in receipt of a degree awarded by an institution to an entry-level professional in certain occupational fields. Although sometimes called doctoral degrees, professional degrees differ from research doctorates in tha...See More

SECTION G. FLIGHT PROGRAM



SECTION G. ADD OR EDIT EDUCATIONAL PROGRAM



SECTION G. REPORTING INDIVIDUAL PROGRAMS

for which institution requests Title IV aid eligibility

FULLY CERTIFIED PRIVATE NONPROFIT OR PUBLIC INSTITUTION

New non-degree programs*

Prison Education Programs

First Direct Assessment program at each credential level

CTP programs

PROVISIONALLY CERTIFIED PRIVATE NONPROFIT OR PUBLIC INSTITUTION

New non-degree programs*

New degree programs

Prison Education Programs

First Direct Assessment program at each credential level

CTP programs

PROPRIETARY INSTITUTION

All degree and non-degree programs

*Do not report two-year transfer programs

SECTION G. ADD OR EDIT EDUCATIONAL PROGRAM

Section G. Educational Programs

See Other Program Types

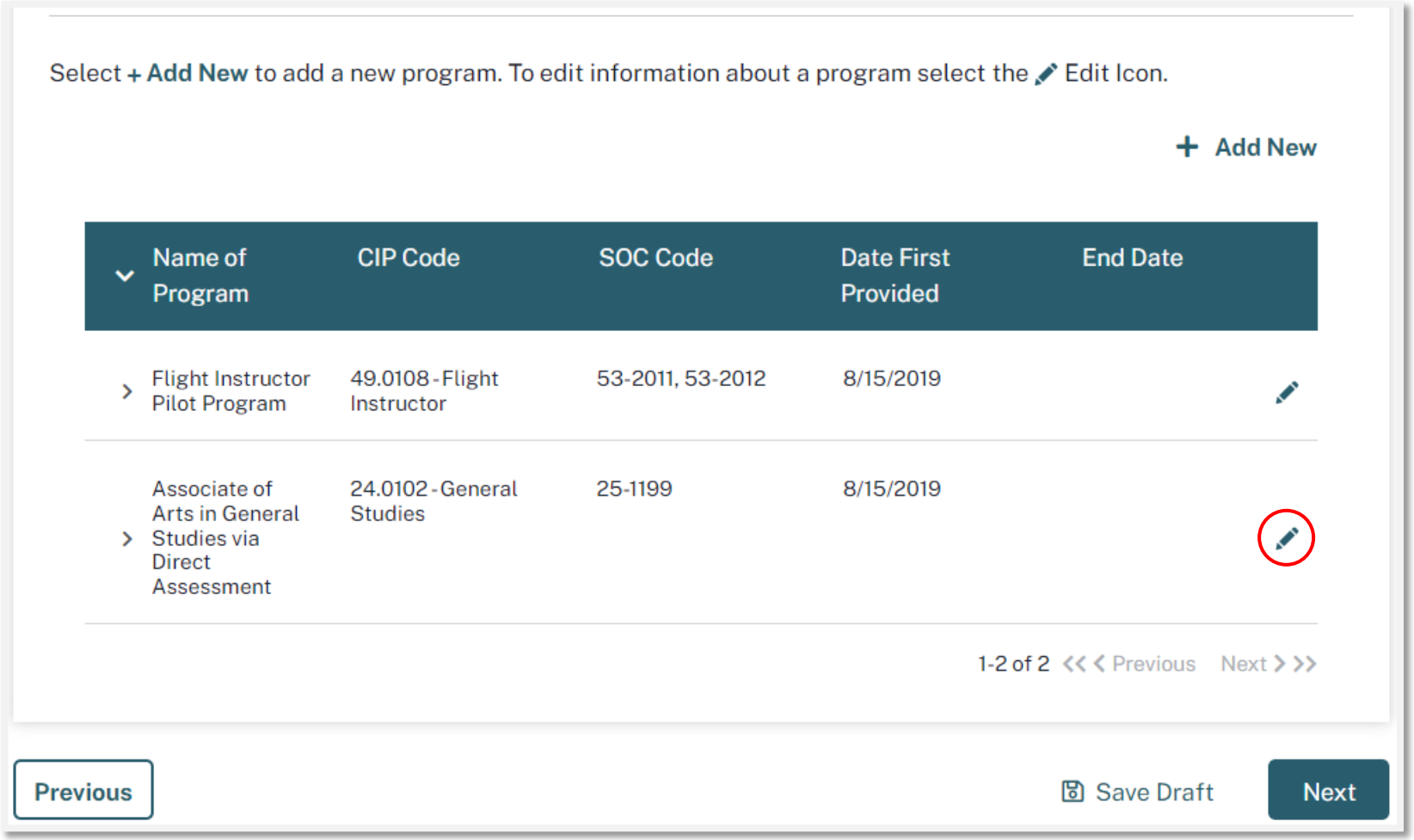
2a. Provide details about **Associate Degree Programs** for which you are requesting first time or continued approval for federal student financial aid eligibility. If you are a proprietary institution of higher education or a postsecondary vocational institution, you must provide details for all of your educational programs (there should be at least one program for each type of Educational Program Offered that you selected in the previous question)

If you are an instituion of higher education you must provide details for:

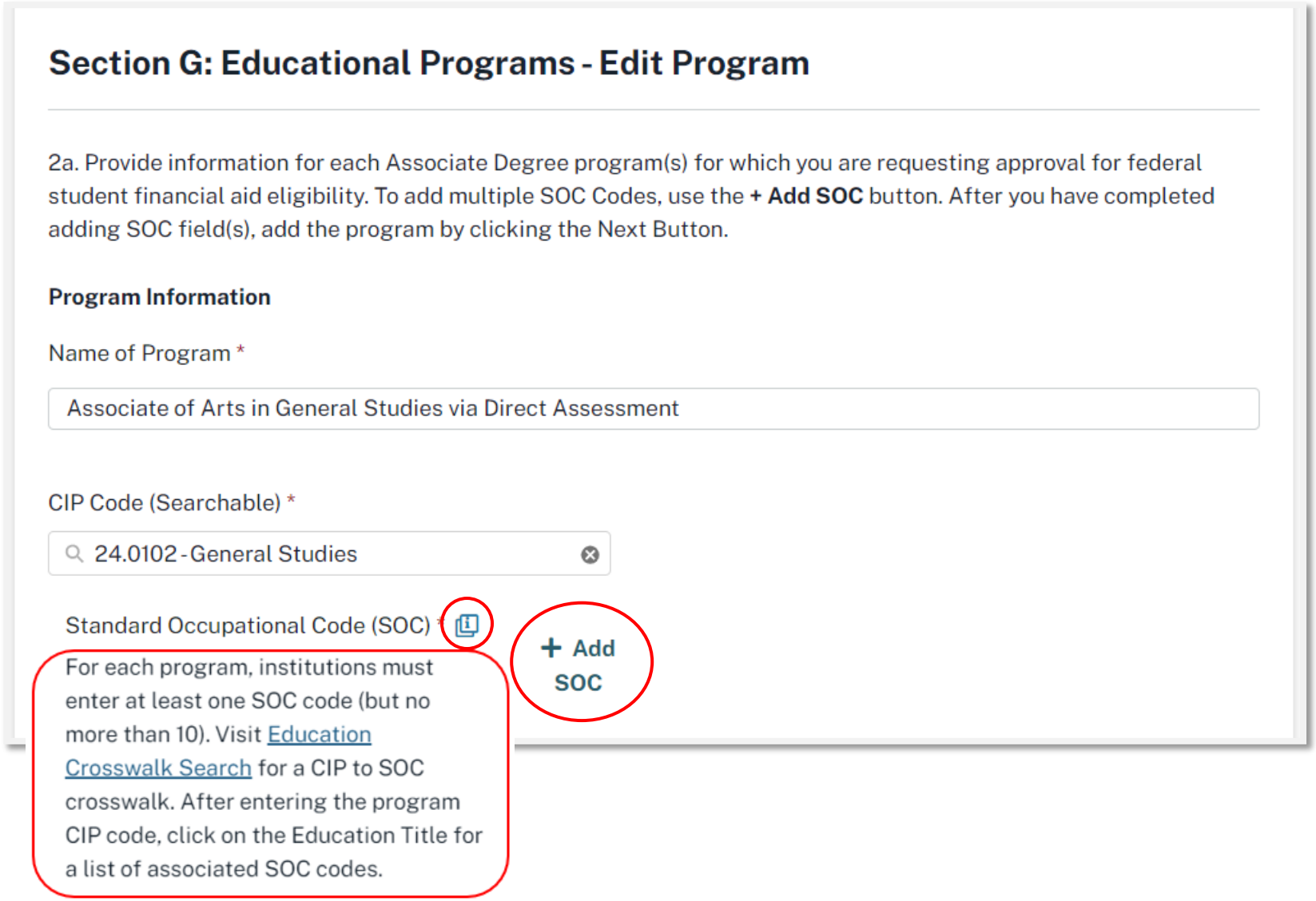
- All new educational programs if you are currently provisionally certified
- All of your non-degree programs(except two-year transfer programs)
- Your comprehensive transition and postsecondary program
- The first direct assessment program you offer at each credential level

If you are provisionally certified and seeking approval for any new educational program(s), or if you are seeking approval for a comprehensive transition and postsecondary program or a first direct assessment program at a credential level or a short-term program, you must wait for approval of the program before disbursing funds to students enrolled in the program.

SECTION G. EDIT EDUCATIONAL PROGRAM



SECTION G. NEW QUESTION 2a. – OCCUPATIONAL CODE



SECTION G. NEW QUESTION – PROGRAM DELIVERY

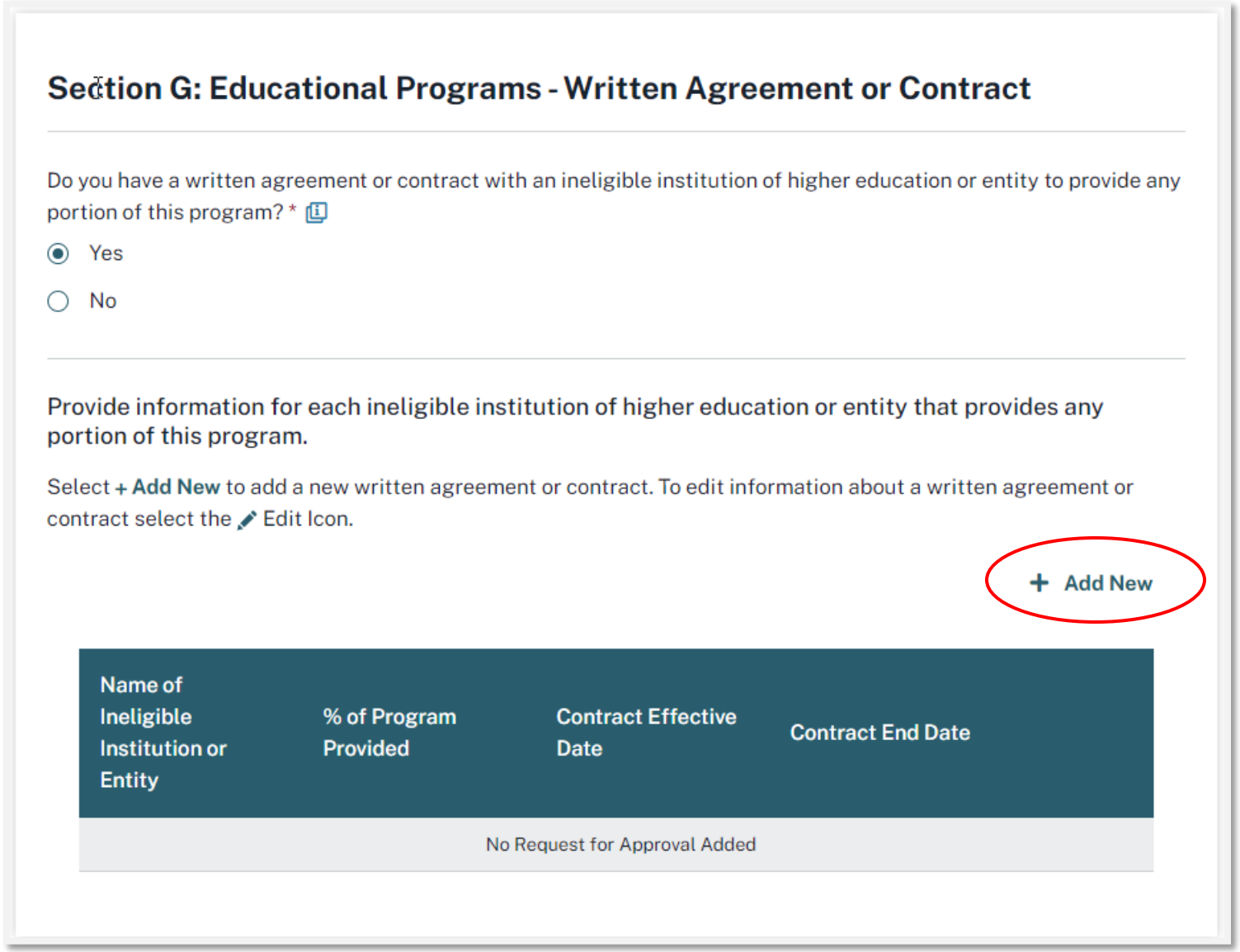
NEW!

How is this program delivered? (Check all that apply). You must select "direct assessment" if student progress is measured, in whole or in part, in the program using direct assessment. If you check "direct assessment," you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program. *

Select

- [x] Classroom
- [x] Distance Education
- [ ] Correspondence
- [ ] Independent Study
- [ ] Direct Assessment

SECTION G. WRITTEN AGREEMENT OR CONTRACT



Section G: Educational Programs - Written Agreement or Contract

Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program? *

- (•) Yes
- ( ) No

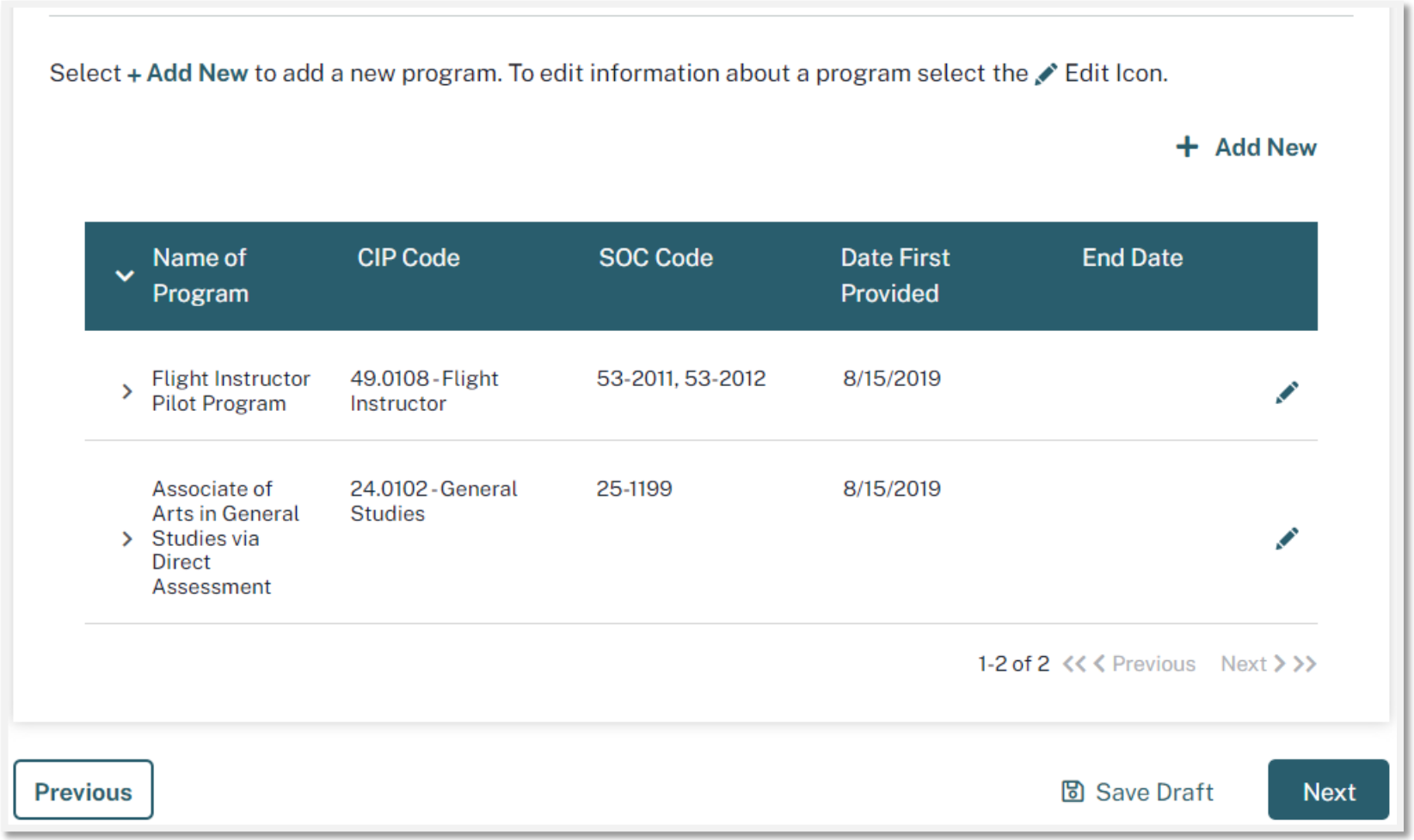
Provide information for each ineligible institution of higher education or entity that provides any portion of this program.

Select + **Add New** to add a new written agreement or contract. To edit information about a written agreement or contract select the Edit Icon.

+ Add New

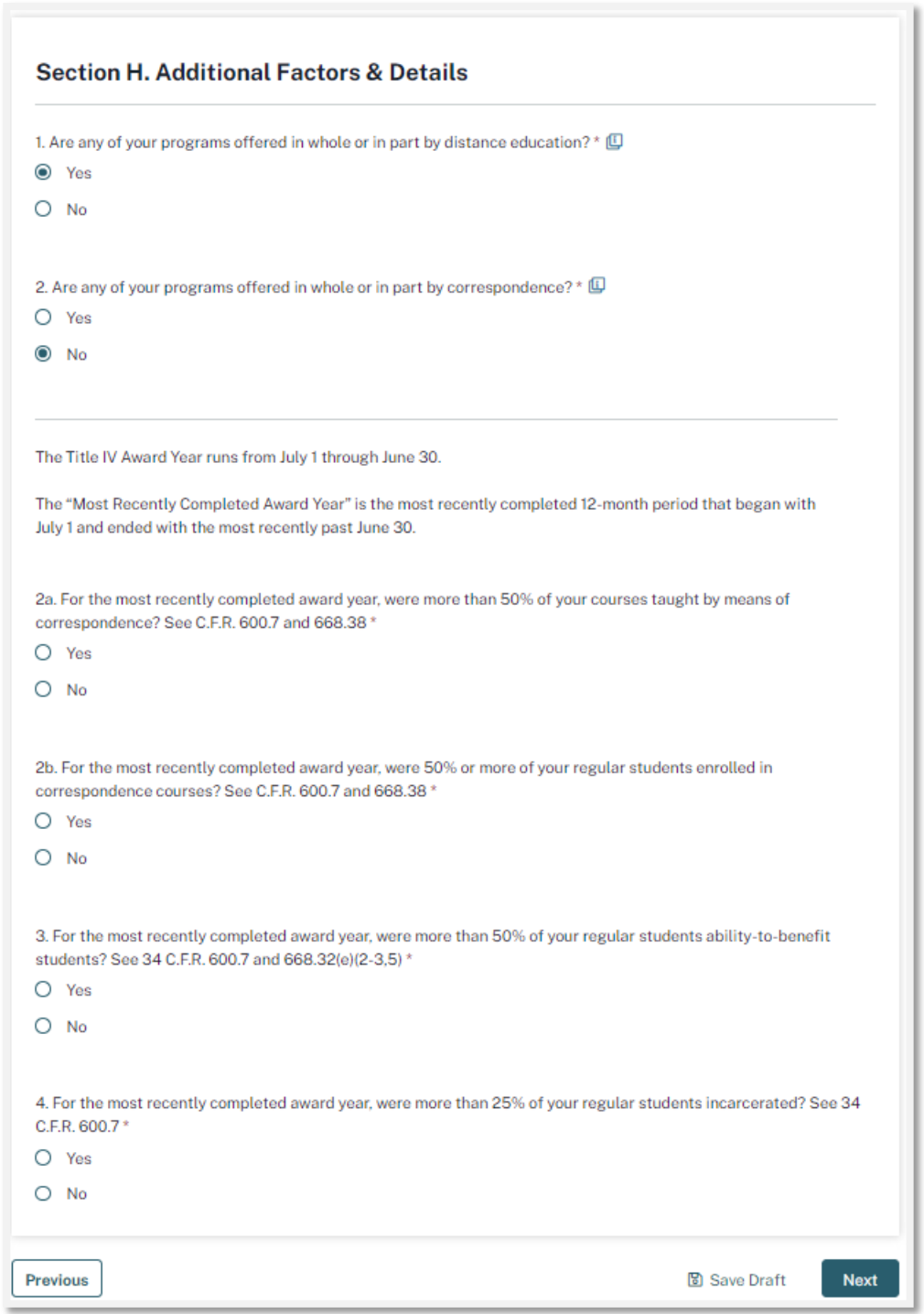
Name of Ineligible Institution or Entity	% of Program Provided	Contract Effective Date	Contract End Date
No Request for Approval Added			

SECTION G. EDIT EDUCATIONAL PROGRAM



STEP 6 — ADDITIONAL FACTORS & DETAILS

SECTION H. ADDITIONAL FACTORS & DETAILS



Section H. Additional Factors & Details

1. Are any of your programs offered in whole or in part by distance education? *

- (●) Yes
- ( ) No

2. Are any of your programs offered in whole or in part by correspondence? *

- ( ) Yes
- (●) No

The Title IV Award Year runs from July 1 through June 30.

The "Most Recently Completed Award Year" is the most recently completed 12-month period that began with July 1 and ended with the most recently past June 30.

2a. For the most recently completed award year, were more than 50% of your courses taught by means of correspondence? See C.F.R. 600.7 and 668.38 *

- ( ) Yes
- ( ) No

2b. For the most recently completed award year, were 50% or more of your regular students enrolled in correspondence courses? See C.F.R. 600.7 and 668.38 *

- ( ) Yes
- ( ) No

3. For the most recently completed award year, were more than 50% of your regular students ability-to-benefit students? See 34 C.F.R. 600.7 and 668.32(e)(2-3,5) *

- ( ) Yes
- ( ) No

4. For the most recently completed award year, were more than 25% of your regular students incarcerated? See 34 C.F.R. 600.7 *

- ( ) Yes
- ( ) No

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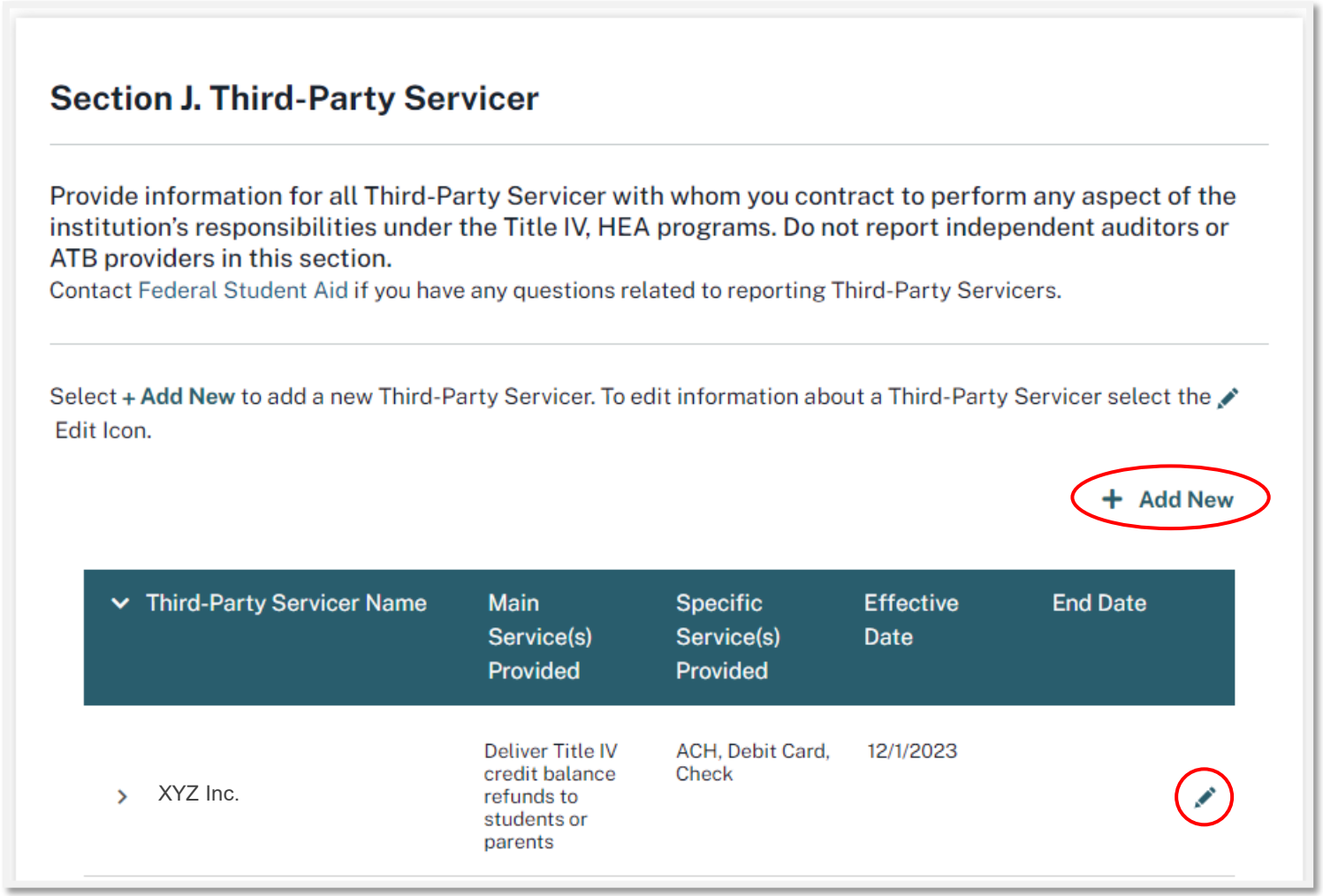
STEP 7 — THIRD-PARTY SERVICER

SECTION J. THIRD-PARTY SERVICER



Section J. Third-Party Servicer

Provide information for all Third-Party Servicer with whom you contract to perform any aspect of the institution's responsibilities under the Title IV, HEA programs. Do not report independent auditors or ATB providers in this section.

Contact Federal Student Aid if you have any questions related to reporting Third-Party Servicers.

Select + **Add New** to add a new Third-Party Servicer. To edit information about a Third-Party Servicer select the Edit Icon.

+ Add New

Third-Party Servicer Name	Main Service(s) Provided	Specific Service(s) Provided	Effective Date	End Date
XYZ Inc.	Deliver Title IV credit balance refunds to students or parents	ACH, Debit Card, Check	12/1/2023	

SECTION J. ADD NEW THIRD-PARTY SERVICER

Section J. Add New Third-Party Servicer

Before completing this section, make sure to contact your Third-Party Servicer first to verify the following information:

- Third-Party Servicer's Legal name
- Third-Party Servicer's Address
- Contact Information of the CEO/COO/President
- Contracted Services

1. To search for your Third-Party Servicer, enter your servicer's name in the box below. If your Third-Party Servicer is not found, provide your servicer's name and contact information.

Search

Third Party Servicer Legal Name or Company's Legal Name *

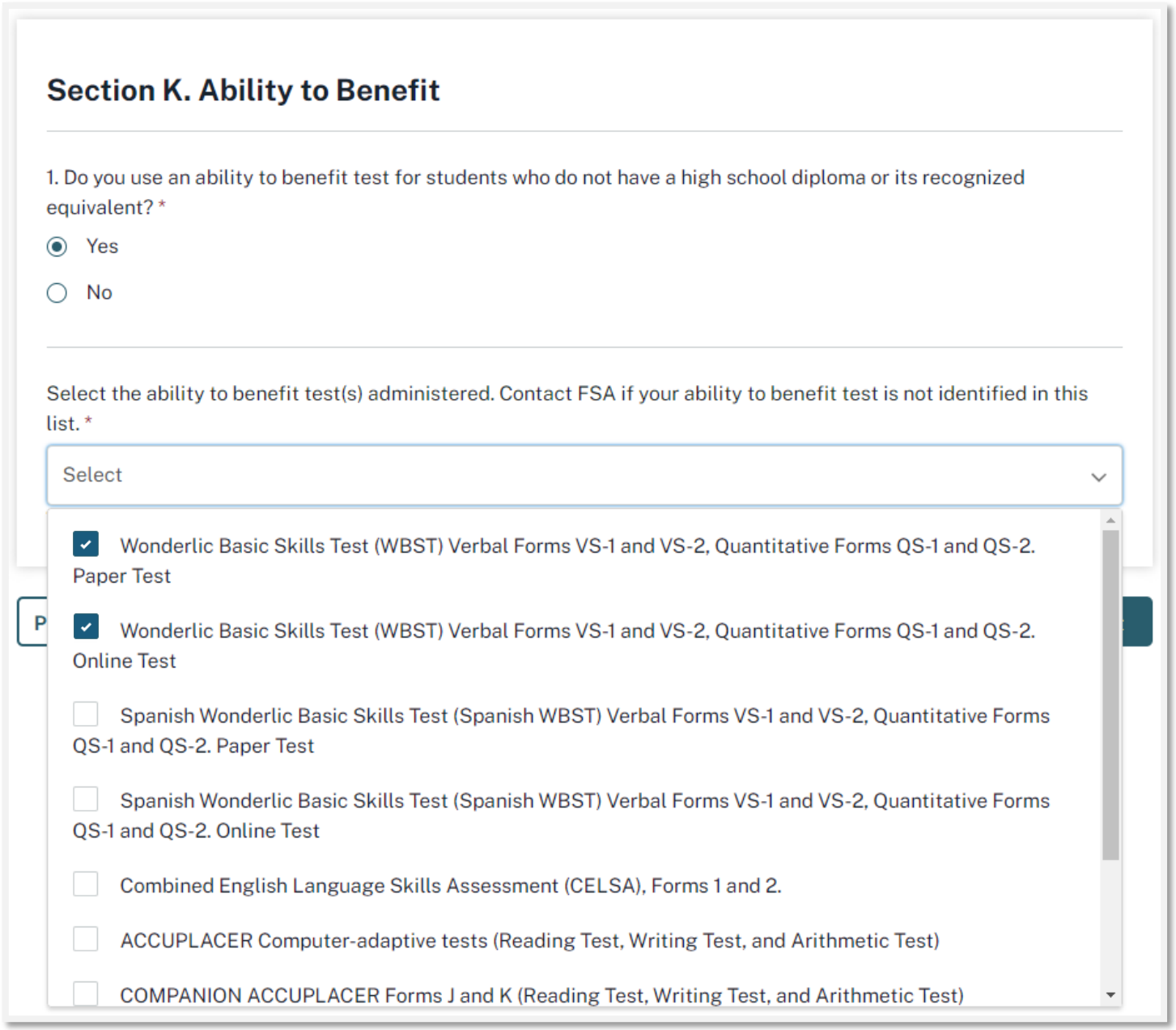
Third Party Servicer Name D/B/A *-optional*

TPS ID *

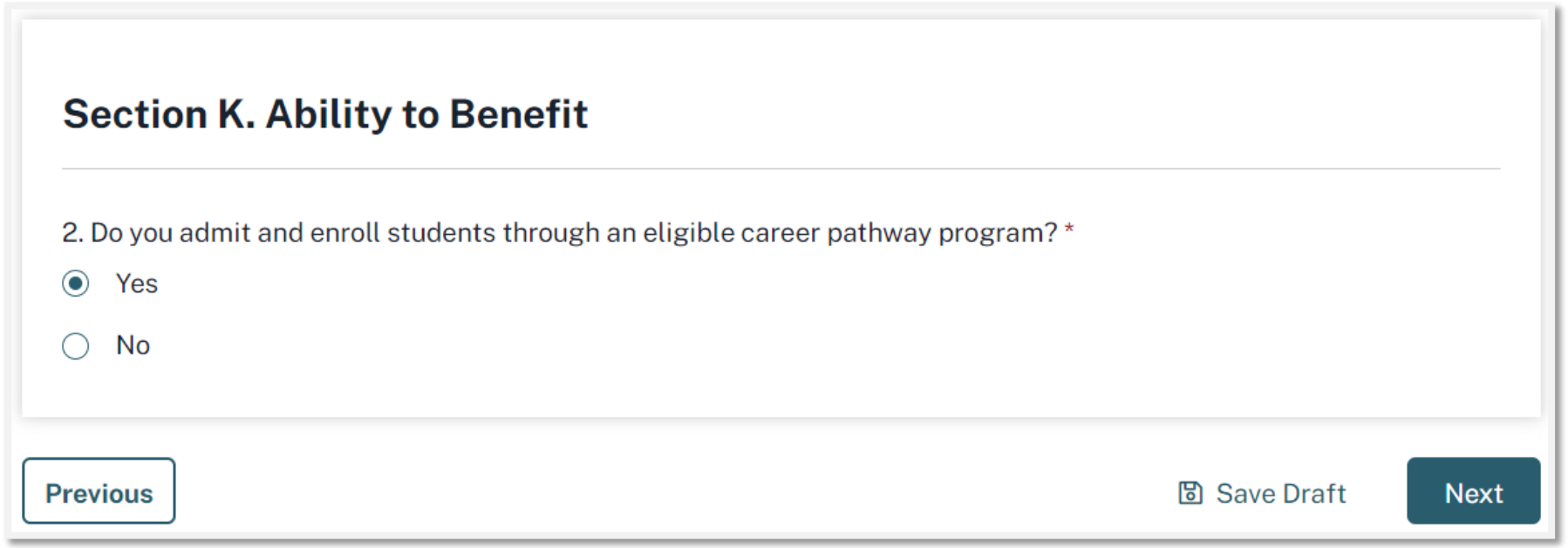
Partner Connect ID *

STEP 8 — ABILITY TO BENEFIT

SECTION K. ABILITY TO BENEFIT

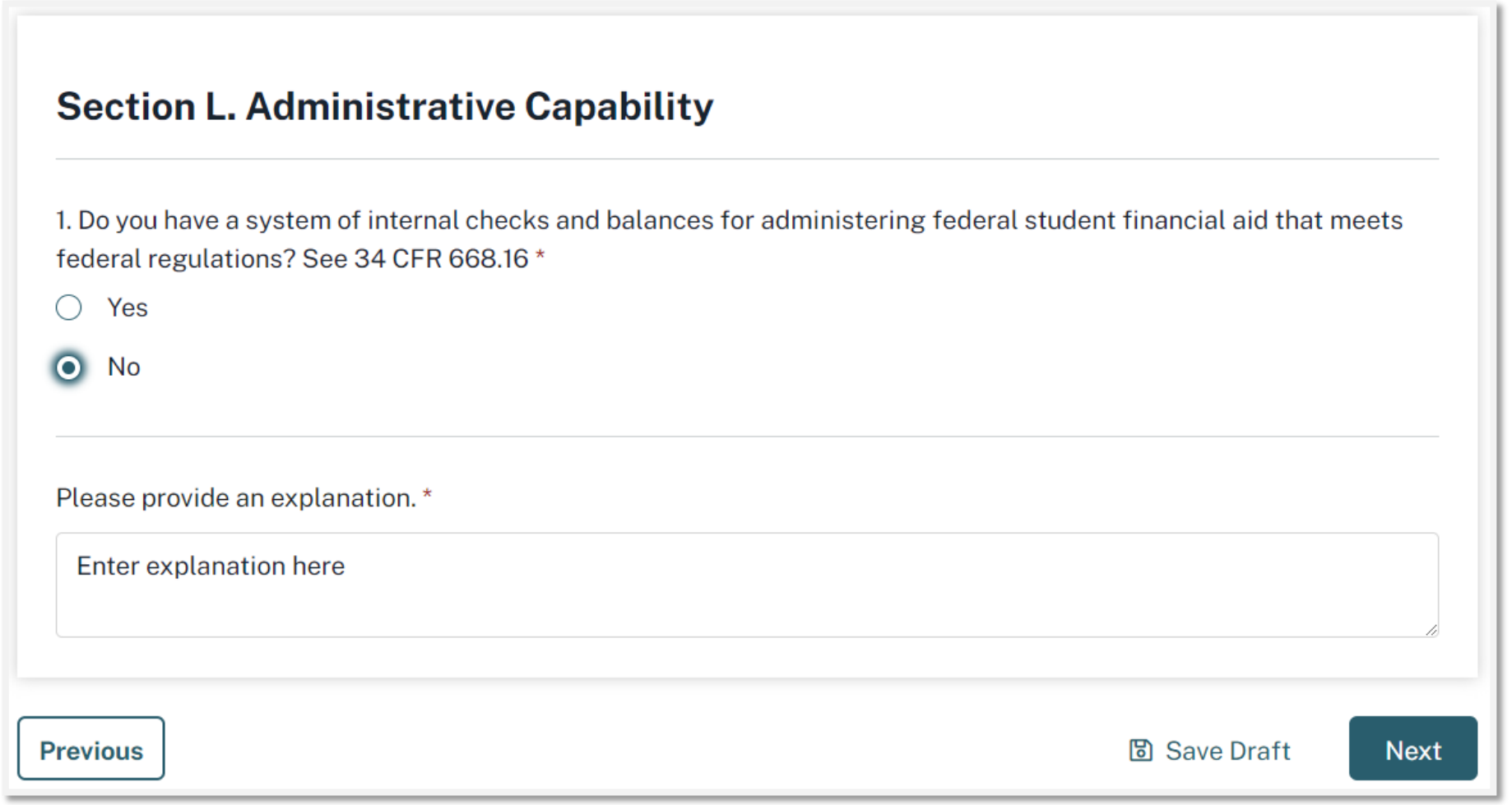


SECTION K. ELIGIBLE CAREER PATHWAY PROGRAM



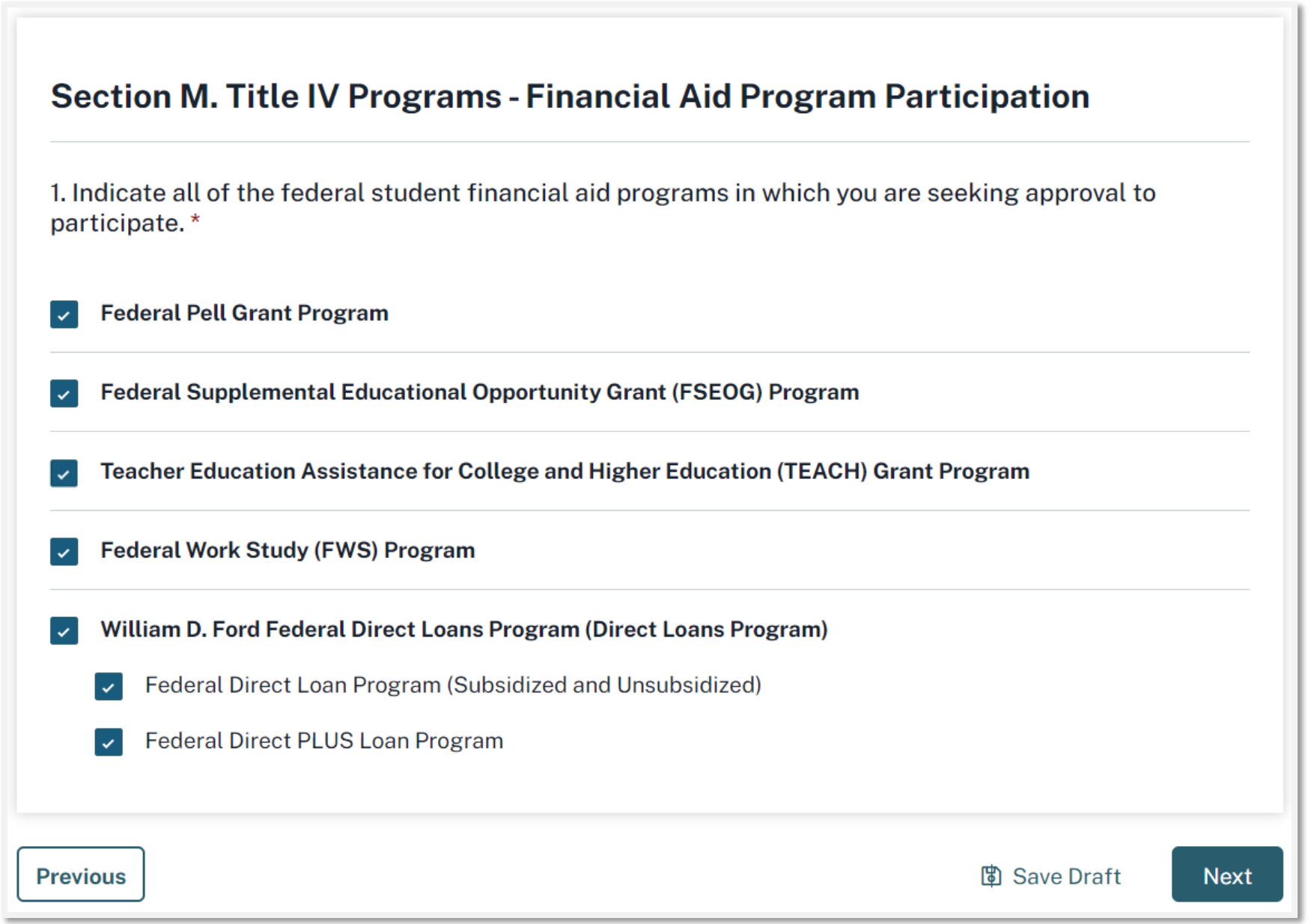
STEP 9 — ADMINISTRATIVE CAPABILITY

SECTION L. ADMINISTRATIVE CAPABILITY



STEP 10 — TITLE IV PROGRAMS

SECTION M. TITLE IV PROGRAMS – FINANCIAL AID PROGRAM PARTICIPATION



Section M. Title IV Programs - Financial Aid Program Participation

1. Indicate all of the federal student financial aid programs in which you are seeking approval to participate. *

- [x] **Federal Pell Grant Program**
- [x] **Federal Supplemental Educational Opportunity Grant (FSEOG) Program**
- [x] **Teacher Education Assistance for College and Higher Education (TEACH) Grant Program**
- [x] **Federal Work Study (FWS) Program**
- [x] **William D. Ford Federal Direct Loans Program (Direct Loans Program)**
  - [x] Federal Direct Loan Program (Subsidized and Unsubsidized)
  - [x] Federal Direct PLUS Loan Program

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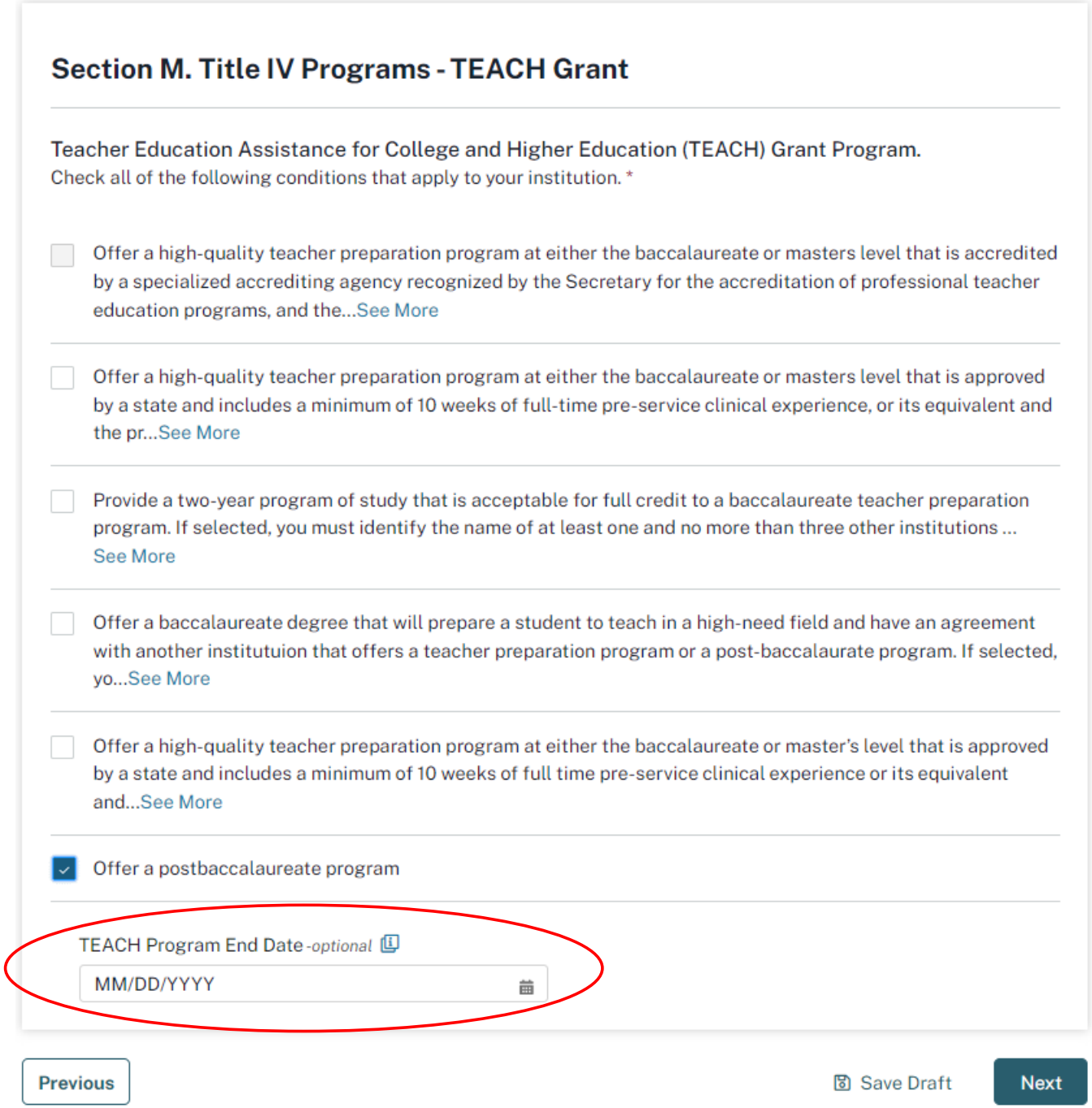
SECTION M. APPLYING FOR TEACH GRANT PAGE



STEP 11 — ADDITIONAL CONTACTS & INFORMATION

SECTION N. ADDITIONAL CONTACTS

Federal Student Aid
An OFFICE of the U.S. DEPARTMENT of EDUCATION

Section N. Additional Contacts

1. Would you like Federal Student Aid to contact someone not at your institution about this application? *

- (•) Yes
- ( ) No

Provide information for each additional contact

Select + **Add New** to add a new contact. To edit information about a contact select the ✎ Edit Icon.

+ Add New

Contact Type	Name	Company Name	Job Title	
Additional Contact	Ms. Stay N. Compliance	XYZ Inc.	Consultant	✎

Previous

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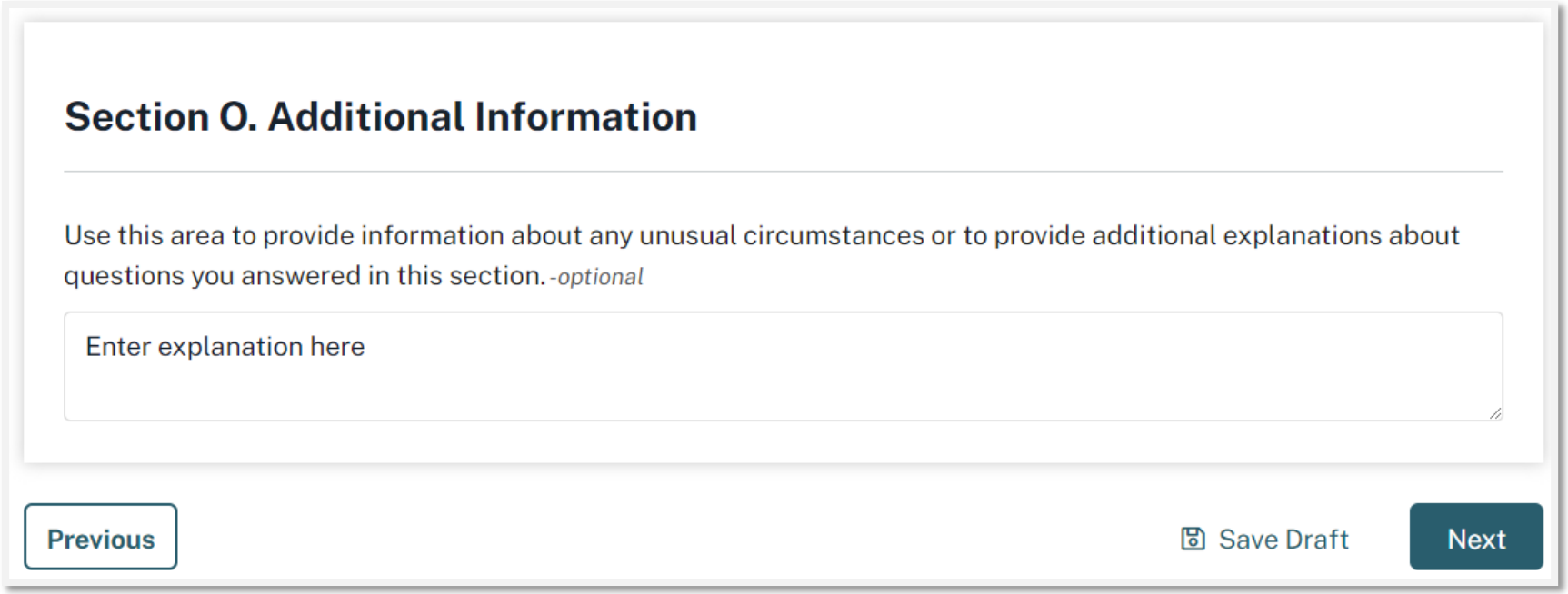
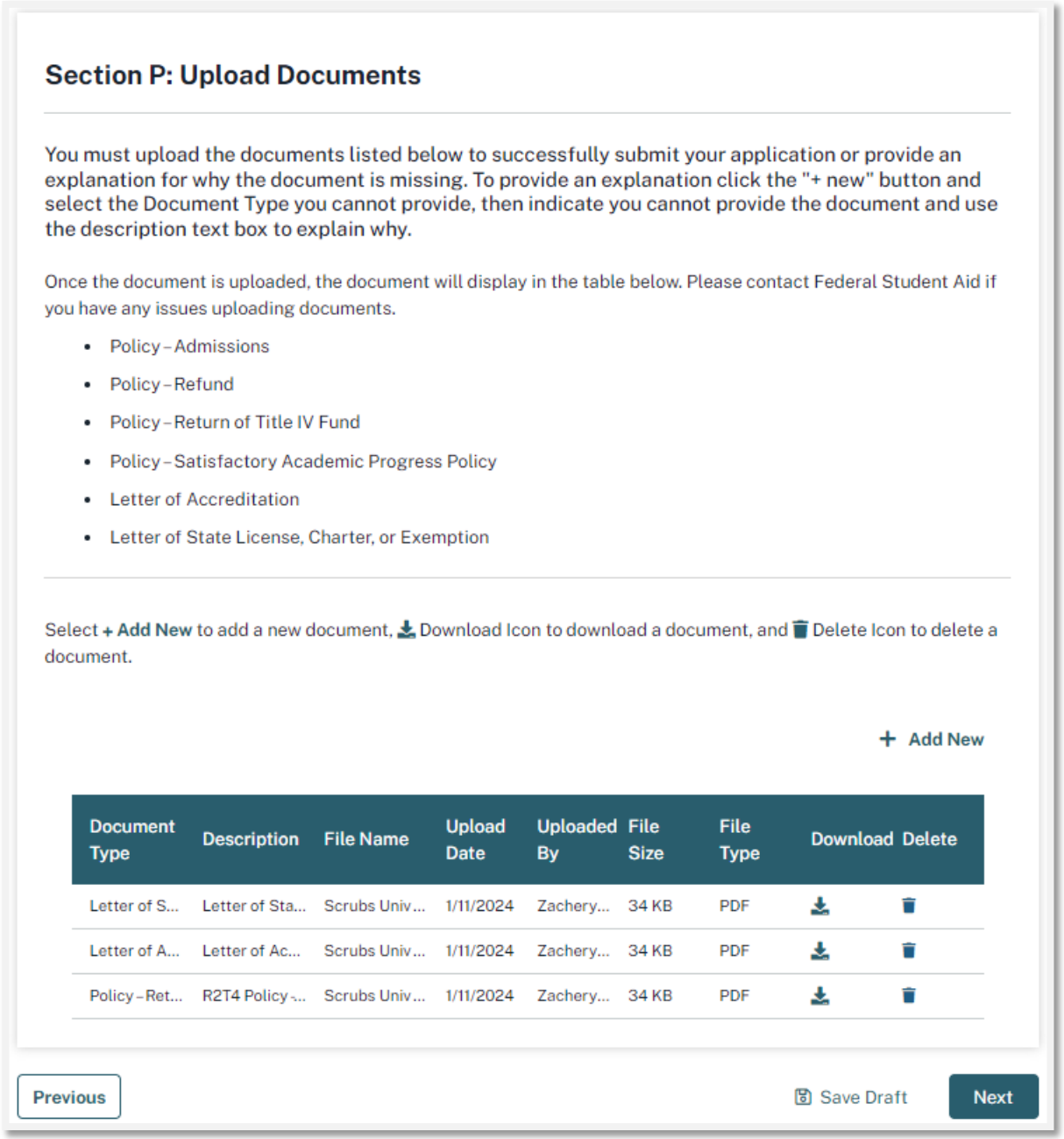
Next

SECTION O. ADDITIONAL INFORMATION



STEP 12 — UPLOAD DOCUMENTS

SECTION P. UPLOAD DOCUMENTS



Section P: Upload Documents

You must upload the documents listed below to successfully submit your application or provide an explanation for why the document is missing. To provide an explanation click the "+ new" button and select the Document Type you cannot provide, then indicate you cannot provide the document and use the description text box to explain why.

Once the document is uploaded, the document will display in the table below. Please contact Federal Student Aid if you have any issues uploading documents.

- Policy – Admissions
- Policy – Refund
- Policy – Return of Title IV Fund
- Policy – Satisfactory Academic Progress Policy
- Letter of Accreditation
- Letter of State License, Charter, or Exemption

Select **+ Add New** to add a new document, Download Icon to download a document, and Delete Icon to delete a document.

+ Add New

Document Type	Description	File Name	Upload Date	Uploaded By	File Size	File Type	Download	Delete
Letter of S...	Letter of Sta...	Scrubs Univ...	1/11/2024	Zachery...	34 KB	PDF		
Letter of A...	Letter of Ac...	Scrubs Univ...	1/11/2024	Zachery...	34 KB	PDF		
Policy – Ret...	R2T4 Policy -...	Scrubs Univ...	1/11/2024	Zachery...	34 KB	PDF		

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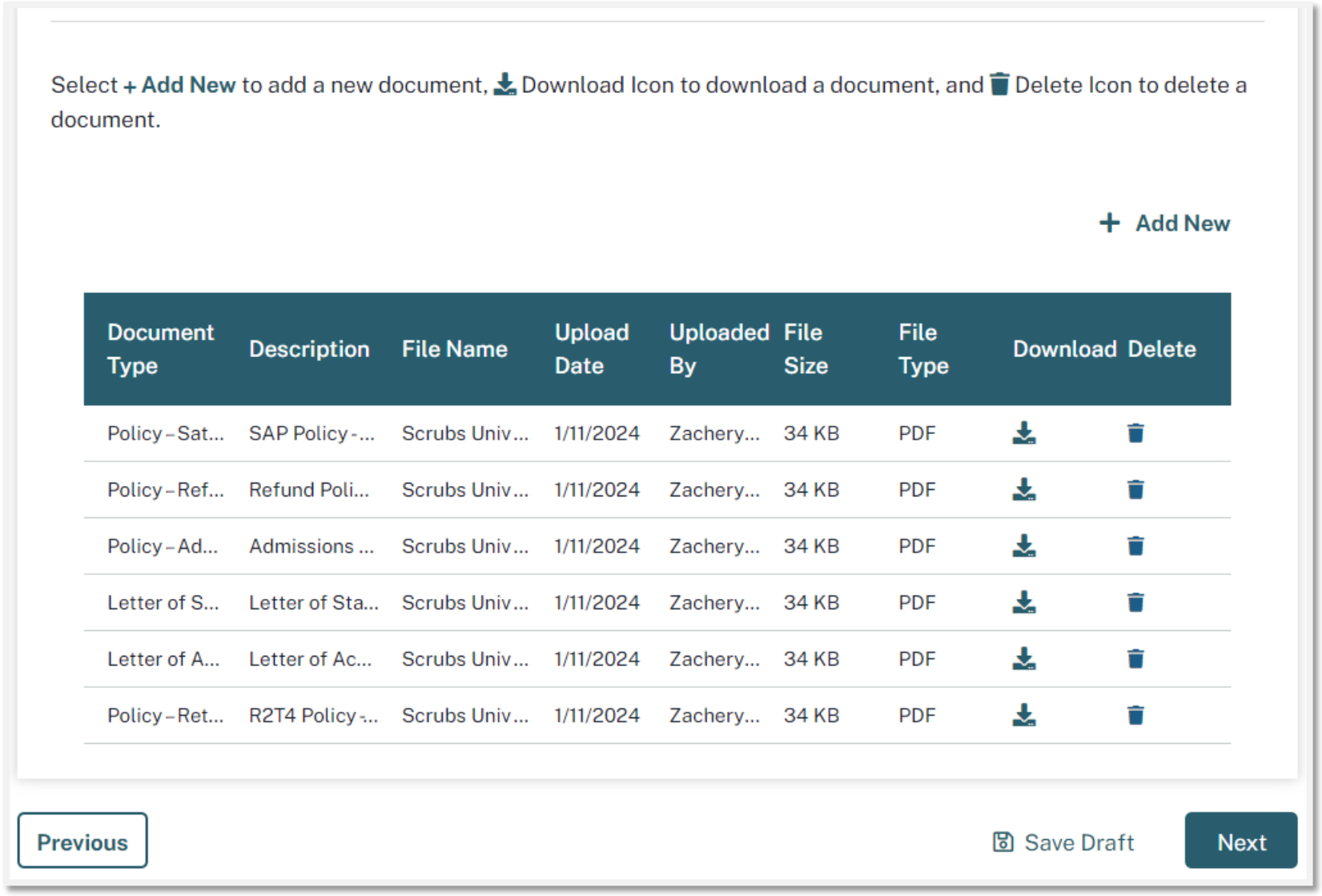
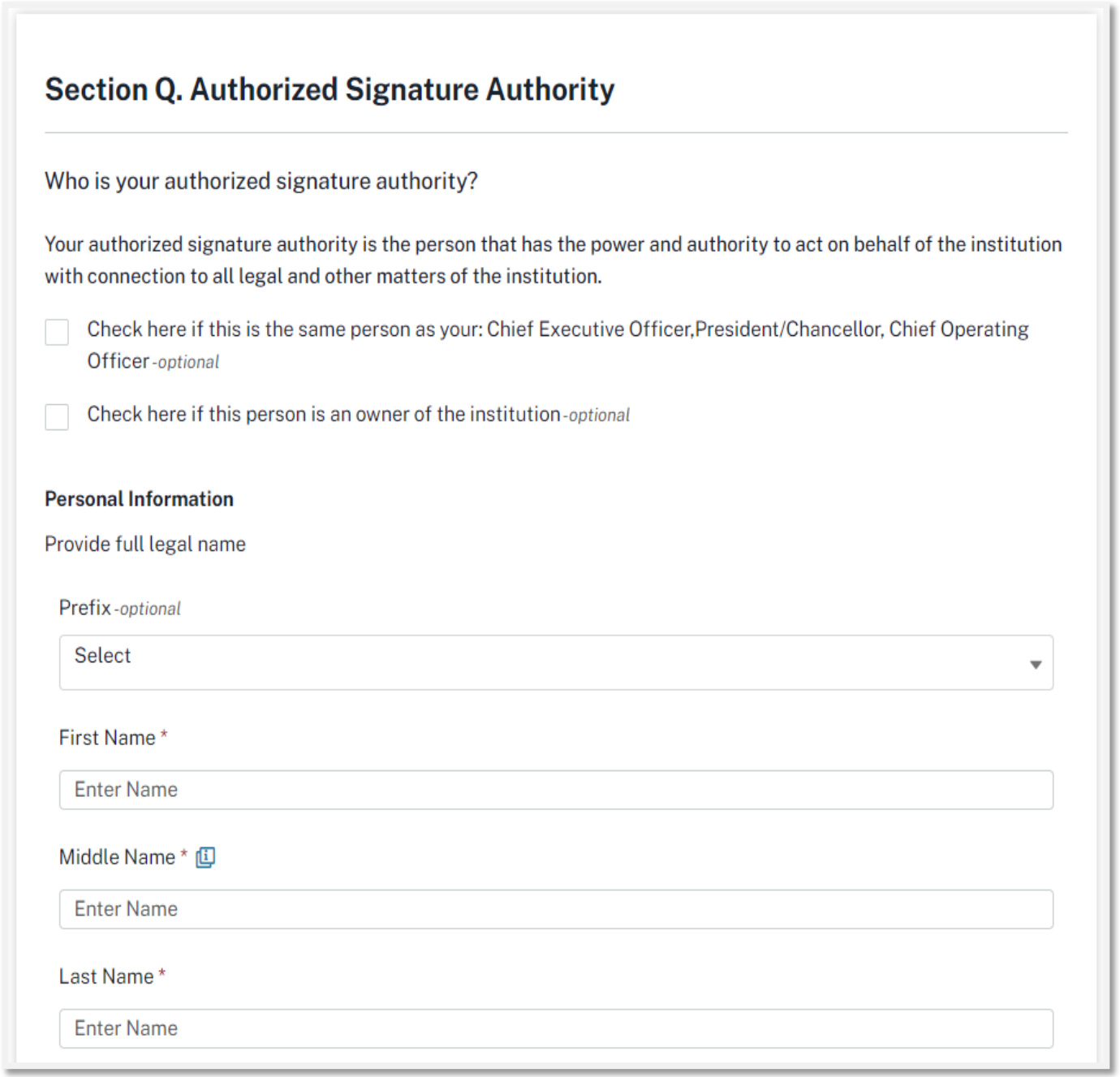
SECTION P. UPLOAD DOCUMENTS EXAMPLE



STEP 13 — SUBMIT E-APP

SECTION Q. AUTHORIZED SIGNATURE AUTHORITY (1 of 6)



Section Q. Authorized Signature Authority

Who is your authorized signature authority?

Your authorized signature authority is the person that has the power and authority to act on behalf of the institution with connection to all legal and other matters of the institution.

☐ Check here if this is the same person as your: Chief Executive Officer,President/Chancellor, Chief Operating Officer *-optional*

☐ Check here if this person is an owner of the institution *-optional*

Personal Information

Provide full legal name

Prefix *-optional*

Select

First Name *

Enter Name

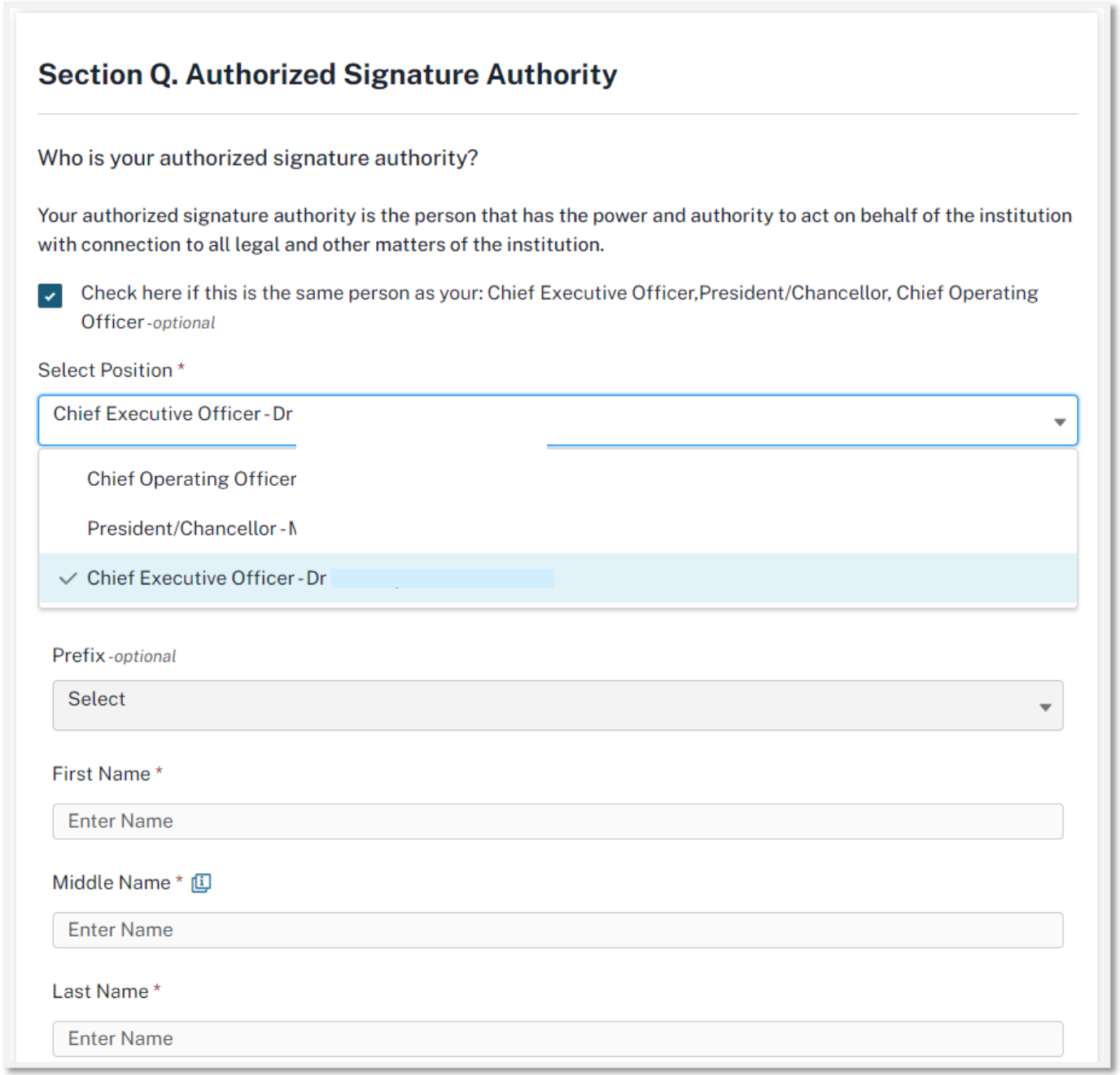
Middle Name *

Enter Name

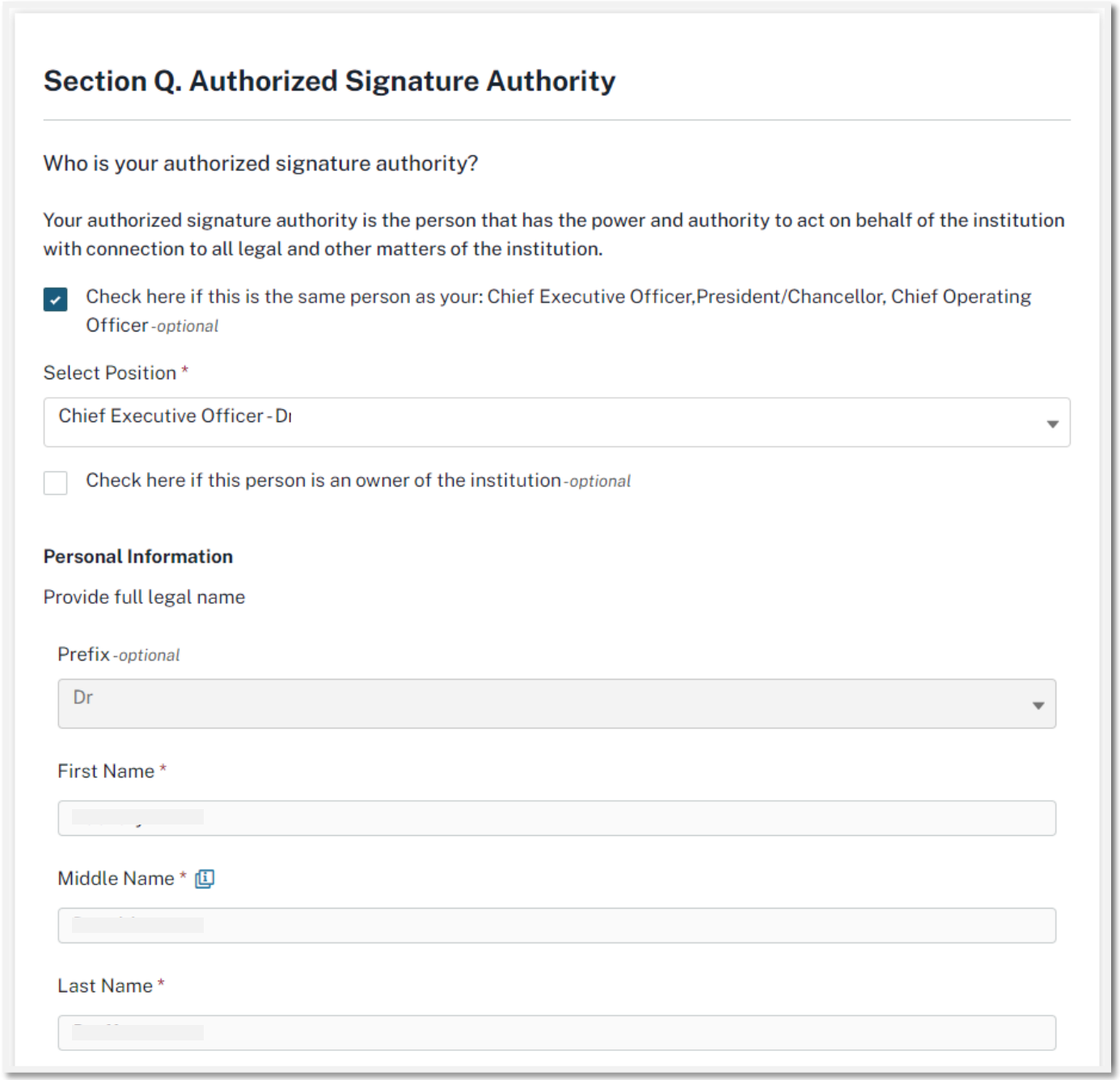
Last Name *

Enter Name

SECTION Q. AUTHORIZED SIGNATURE AUTHORITY (2 of 6)



SECTION Q. AUTHORIZED SIGNATURE AUTHORITY (3 of 6)



Section Q. Authorized Signature Authority

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☑ Check here if this is the same person as your: Chief Executive Officer,President/Chancellor, Chief Operating Officer *-optional*

Select Position *

Chief Executive Officer - Di

☐ Check here if this person is an owner of the institution *-optional*

Personal Information

Provide full legal name

Prefix *-optional*

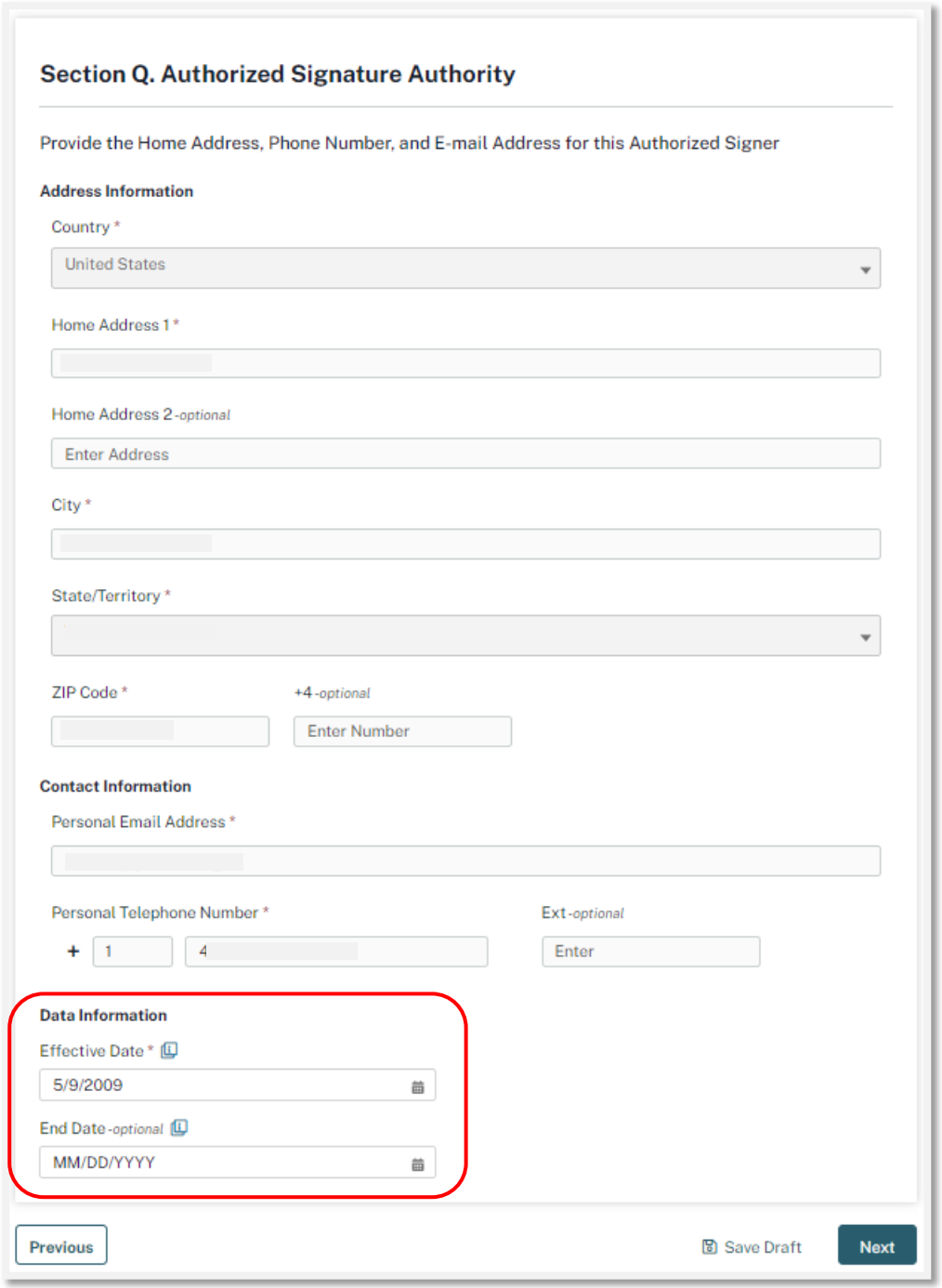
Dr

First Name *

Middle Name *

Last Name *

SECTION Q. AUTHORIZED SIGNATURE AUTHORITY (4 of 6)



Section Q. Authorized Signature Authority

Provide the Home Address, Phone Number, and E-mail Address for this Authorized Signer

Address Information

Country *

United States

Home Address 1 *

Home Address 2 -optional

Enter Address

City *

State/Territory *

ZIP Code *

+4 -optional

Enter Number

Contact Information

Personal Email Address *

Personal Telephone Number *

Ext -optional

+ 1 4

Enter

Data Information

Effective Date *

5/9/2009

End Date -optional

MM/DD/YYYY

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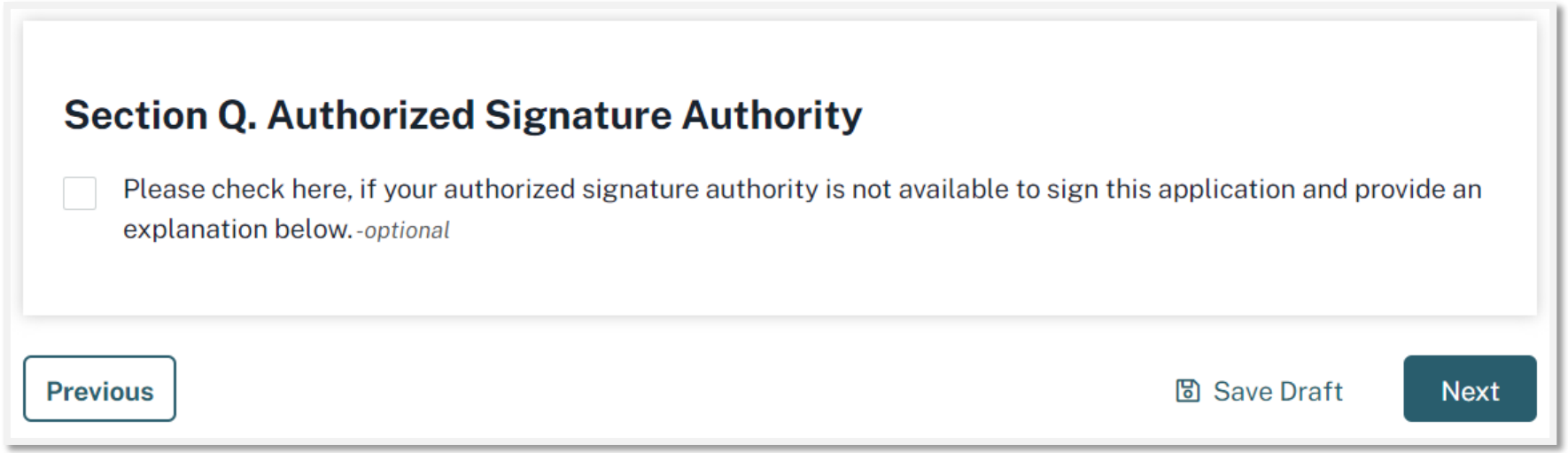
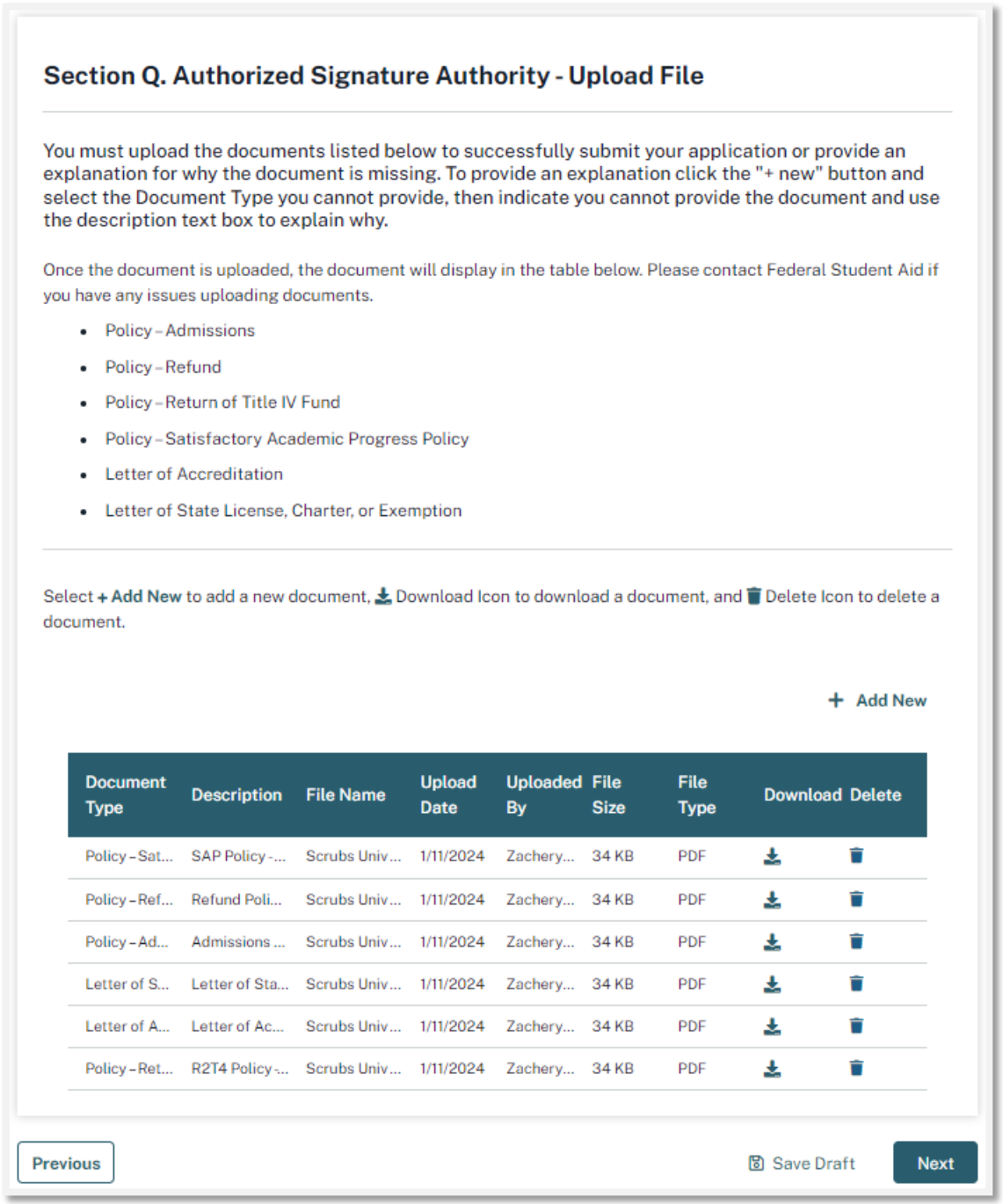
SECTION Q. AUTHORIZED SIGNATURE AUTHORITY (5 of 6)



SECTION Q. UPLOAD FILE



Section Q. Authorized Signature Authority - Upload File

You must upload the documents listed below to successfully submit your application or provide an explanation for why the document is missing. To provide an explanation click the "+ new" button and select the Document Type you cannot provide, then indicate you cannot provide the document and use the description text box to explain why.

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- Policy – Refund
- Policy – Return of Title IV Fund
- Policy – Satisfactory Academic Progress Policy
- Letter of Accreditation
- Letter of State License, Charter, or Exemption

Select **+ Add New** to add a new document, Download Icon to download a document, and Delete Icon to delete a document.

+ Add New

Document Type	Description	File Name	Upload Date	Uploaded By	File Size	File Type	Download	Delete
Policy – Sat...	SAP Policy -...	Scrubs Univ...	1/11/2024	Zachery...	34 KB	PDF		
Policy – Ref...	Refund Poli...	Scrubs Univ...	1/11/2024	Zachery...	34 KB	PDF		
Policy – Ad...	Admissions ...	Scrubs Univ...	1/11/2024	Zachery...	34 KB	PDF		
Letter of S...	Letter of Sta...	Scrubs Univ...	1/11/2024	Zachery...	34 KB	PDF		
Letter of A...	Letter of Ac...	Scrubs Univ...	1/11/2024	Zachery...	34 KB	PDF		
Policy – Ret...	R2T4 Policy -...	Scrubs Univ...	1/11/2024	Zachery...	34 KB	PDF		

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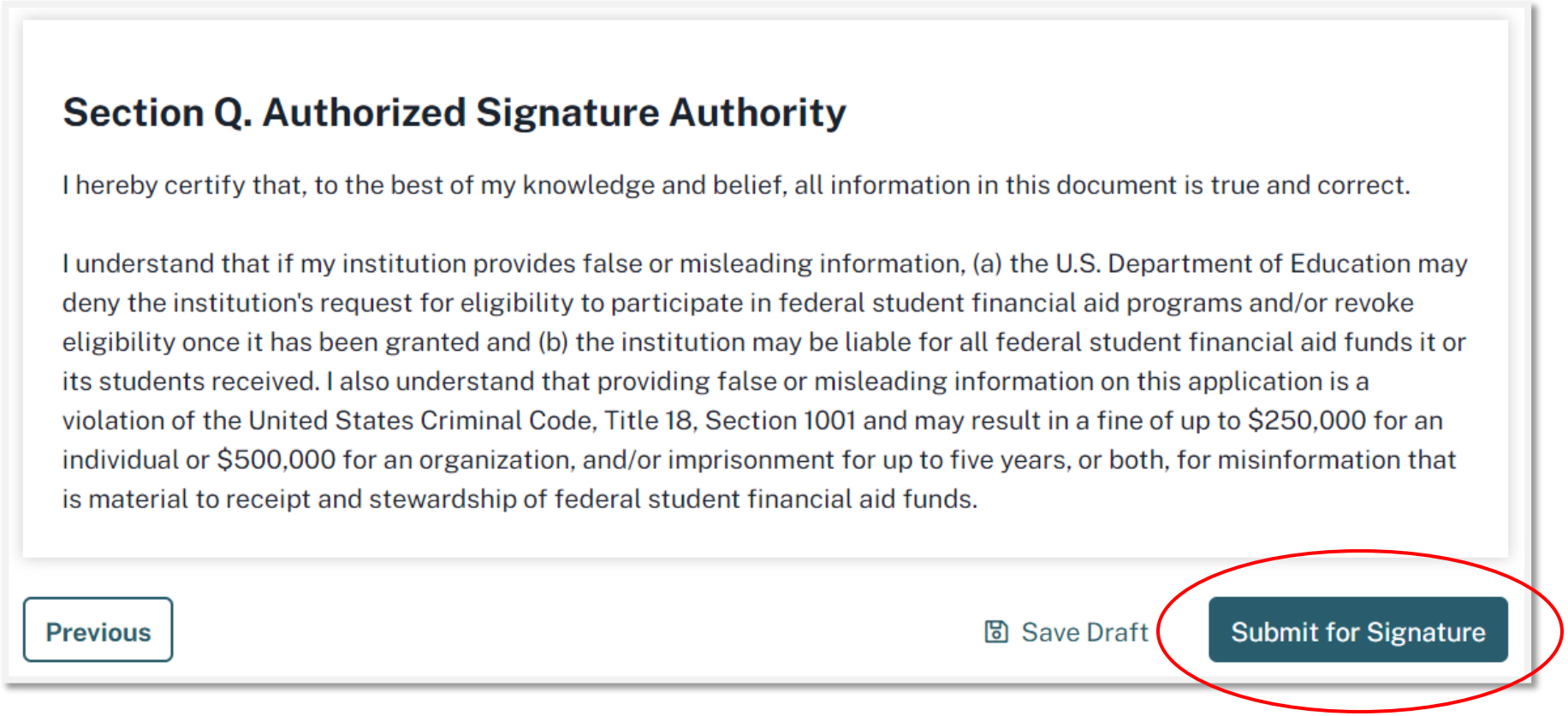
SECTION Q. SUBMIT FOR SIGNATURE (1 of 2)



NEXT STEPS

NEXT STEPS

- Authorized signature authority receives email from FSA Partner Connect
- Email sent from docusign-noreply@fsapartners.ed.gov to authorized signature authority
- E-App submitted to Federal Student Aid for processing after signature received via DocuSign
- Email sent to authorized signature authority with DocuSign to sign PPA recertification approved
- Email sent to institution when signed PPA, ECAR and Approval Letter posted to FSA Partner Connect

RESOURCES

NEED HELP WITH RECERTIFICATION?

Reach out for assistance!

CONTACTS

- FSA Partner and School Relations Center
  - 1-800-848-0978
  - Contact Customer Support
- CaseTeams@ed.gov

REFERENCES

- E-App and Third-Party Servicer Inquiry Form Updates
- July 25, 2024 Recertification Webinar recording
- *FSA Handbook*, Volume 2, Chapter 5

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FEEDBACK SURVEY

TCU Title IV Recertification

Survey open until August 13, 2025

QUESTIONS?