

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

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*2025 TCU Conference*

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U.S. Department of Education  
July 30, 2025



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

# AGENDA

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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

# LOG IN TO FSA PARTNER CONNECT

# CURRENT ACCESS TO FSA PARTNER CONNECT

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- 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](mailto: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

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- 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](https://fsapartners.ed.gov)

 An official website of the United States government.


Help Center

**Federal StudentAid**  
An OFFICE of the U.S. DEPARTMENT of EDUCATION

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Log In

KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ TITLE IV PROGRAM ELIGIBILITY ▾ PARTNER CONNECT SERVICES ▾



## FSA PARTNER CONNECT

### ABOUT FSA PARTNER CONNECT

FSA Partner Connect is for individuals involved in the administration of Title IV financial aid for postsecondary education. Explore policy and guidance in the Knowledge Center, access helpful tools, find training announcements, or link to other Federal Student Aid websites to manage Title IV program eligibility and complete aid administration tasks.

Log In

If you are a student or a parent, please visit [StudentAid.gov](https://studentaid.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

KNOWLEDGE CENTER ▾ TRAINING ▾ FINANCIAL AID DELIVERY ▾ TITLE IV PROGRAM ELIGIBILITY ▾ PARTNER CONNECT SERVICES ▾



**Welcome Zachery**

No Job Title Entered

No Start Date Entered

**Scrubs University - 043**

[View School Profile](#)

Title IV Participation Application

Third-Party Servicers

Guaranty Agency Program Review

Audit Submissions

eCDR Appeals

Cybersecurity

School Closure

[OD Website](#)

[NSLDS](#)

[Z-Audit](#)

[SAIG Enrollment](#)

[AA Access](#)

[School Code List](#)

[AFSA Partner Portal](#)

# ACCESSING THE E-APP

# TITLE IV PARTICIPATION APPLICATION PAGE

## Title IV Participation Application

Postsecondary institutions use the E-App to apply for designation as an eligible institution, initial participation, recertification, reinstatement, change in ownership, to update a current approval, or report information. Updates include changes such as, but not limited to, name or address change, new location or program, increased level of offering, change of officials, or mailing address for publications.



### Pre-Eligibility Application

To participate in federal student financial aid programs (Title IV, HEA) as an eligible institution or as an eligible non-participating institution, institutions must apply and receive approval. Some institutions apply only for designation as an eligible non-participating institution so their students may receive deferments on FSA program loans or be eligible for tax credits or other non-Title IV programs that require institutions to be FSA-eligible.

Click "Get Started" if you are an institution applying to participate in the FSA programs for the first time, an institution seeking to be reinstated, and/or an institution requesting designation as an eligible non-participating institution.

Institutions are strongly encouraged to watch the [Pre-Eligibility Training Video](#) and to review the student financial assistance regulations regarding the requirements that must be satisfied before seeking approval to participate in the federal student financial aid programs. The applicable federal regulations are 34 CFR Parts 600 & 668. Click the link to access the Pre-Eligibility Training for Initial Applicants: Applying for First-Time Approval to Participate in Title IV FSA Programs.

For assistance with the pre-eligibility application feel free to consult the glossary or helpful tips guide.

[Get Started](#)

### Application to Participate in the Federal Student Aid Financial Aid Programs (E-App)

Postsecondary institutions must complete and submit an Eligibility application to be approved to participate in the Federal Student Financial Aid Programs. Institutions must submit this application:

- to be initially certified
- to be approved following a change of ownership or structure
- to be recertified to continue participation
- to have eligibility reinstated
- to be designated as an eligible non-participating institution, or
- to update/report information.

Updates include changes such as, but not limited to, name or address change, new location or program, increased level of offering, change of officials, or report a third-party servicer.

[Get Started](#)

## Resources

# NEW E-APP LAYOUT

## Eligibility Application

1 Reason for Submitting

2 General Information

3 Accreditation & State  
Authorization

4 Owners, Officials &  
Administrators

5 Locations & Educational  
Programs

6 Additional Factors & Details

7 Third-Party Servicer

8 Ability to Benefit

9 Administrative Capability

10 Title IV Programs

11 Additional Contacts &  
Information

12 Upload Documents

13 Submit eApp

### Reason for Submitting

Tell us why you are submitting this application.



Select one reason below.

- ☐ **Initial Certification**  
Initial Certification is a request for initial approval to participate in the federal student financial aid programs.
- ☐ **Recertification**  
Recertification is a request to continue to participate in the federal student financial aid programs.
- ☐ **Reinstatement**  
Reinstatement is a request to be reinstated to participate in the federal student financial aid programs.
- ☐ **Structure Change and/or Change in Ownership**  
Structure Change and/or Change in Ownership is a request to participate in the federal student financial aid programs following a change in ownership, structure, or acquisition of a location, programs, and/or platform.
- ☐ **Merging of OPEIDs with the same Ownership**  
Merging of OPEIDs with the same Ownership is a request to combine institutions/locations with the same ownership into one OPEID. If you are requesting to merge OPEIDs that do not share your ownership, the merging institution must first submit an application to report the Structure Change and/or Change in Ownership before you request to merge the institutions.
- ☐ **Designation as Eligible Nonparticipating Institution**  
Designation as Eligible Nonparticipating Institution is a request to be designated as an eligible institution so students may receive deferments on FSA program loans or be eligible for tax credits or other non-Title IV programs that require institutions to be FSA-eligible.
- ☐ **Update/Report Information**  
Update/Report Information is a request to update/report required information on the institution's eligibility application. Select all purposes that you wish to update/report information. If the purpose for your application is not one of those described, select other purpose. Please provide your other purpose.

# VIEWING ENTIRE DRAFT E-APP

**Scrubs University**

OPEID: 04281800

City, State:

Application Purpose: Recertification

[View Draft E-App](#)

# COMPLETING THE RECERTIFICATION APPLICATION

# STEP 1 — REASON FOR SUBMITTING

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# REASON FOR SUBMITTING (1 of 2)

## Reason for Submitting

Tell us why you are submitting this application. 

Select one reason below.



### Initial Certification

Initial Certification is a request for initial approval to participate in the federal student financial aid programs.



### Recertification

Recertification is a request to continue to participate in the federal student financial aid programs.



### Reinstatement

Reinstatement is a request to be reinstated to participate in the federal student financial aid programs.



### Structure Change and/or Change in Ownership

Structure Change and/or Change in Ownership is a request to participate in the federal student financial aid programs following a change in ownership, structure, or acquisition of a location, programs, and/or platform.



### Merging of OPEIDs with the same Ownership

Merging of OPEIDs with the same Ownership is a request to combine institutions/locations with the same ownership into one OPEID. If you are requesting to merge OPEIDs that do not share your ownership, the merging institution must first submit an application to report the Structure Change and/or Change in Ownership before you request to merge the institutions.



### Designation as Eligible Nonparticipating Institution

Designation as Eligible Nonparticipating Institution is a request to be designated as an eligible institution so students may receive deferments on FSA program loans or be eligible for tax credits or other non-Title IV programs that require institutions to be FSA-eligible.



### Update/Report Information

Update/Report Information is a request to update/report required information on the institution's eligibility application. Select all purposes that you wish to update/report information. If the purpose for your application is not one of those described, select other purpose. Please provide your other purpose.

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# STEP 2 — GENERAL INFORMATION

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## 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 – ID NUMBERS

# SECTION A: GENERAL QUESTIONS – ADDITIONAL INFORMATION

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## Section A. General Questions - Additional Information

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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)





## 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)

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)

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# 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)

1f. Has this accreditor issued a decision letter, placed the institution/location on probation, placed the institution/location on warning, placed the institution/location on show cause, issued a loss/withdrawal of accreditation notice, mandated a reporting requirement or issued any other notification of non-compliance of accrediting standards since your last application was submitted? \* 

☒ Yes

☐ No

Select action issued

You must upload a copy of the notification/action issued by your accreditor. \*

Select



Decision letter

Placed the institution/location on probation

Placed the institution/location on warning

Placed the institution/location on show cause

Issued a loss/withdrawal of accreditation notice

Mandated a reporting requirement

Other notification of non-compliance of accrediting standards





SECTION B.  
STATE  
AUTHORIZATION  
(1 of 2)

Section B. Accreditation & State Authorization

Provide information for each state authorizing agency or entity that legally authorizes you as a postsecondary educational institution or exempts you from state authorization requirements as a religious institution.

Select + Add New to add a new State Authorization. To edit information about a State Authorization select the Edit Icon.

+ Add New

State ▼ Authorization Agency	Federal Government or Indian Tribe	Exempt	Adverse Action	End Date
VA Commonwealth of Virginia > Department of Education Proprietary School Division	No	No	No	
> VA Board of Nursing	No	No	No	


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

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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.

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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)

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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

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

## Section C: Structure, Ownership, and Control - Institutional Structure

1. Since you were last certified to participate in Federal Student Financial Aid Programs has your institution changed, or is your institution expecting to change (Pre-Acquisition), its structure or ownership in a manner that resulted, or will result, in a change in ownership with a change of control?

Please refer to the Guide to Structure Change and Change in Ownership –What You Need to Know before answering this question. \* 

☐ Yes

☒ No

Your current Title IV Participation Designation status is displayed. \*

3 -Proprietary

☐ 2. Check here if you are requesting to change your Title IV Participation Designation status. -optional

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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. 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. OFFICIALS OF THE INSTITUTION (1 of 2)



# 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. Officials of the Institution - Edit Official

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

Chief Executive 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*

Select Position \*

Select

Chief Financial Officer - Mr

Chief Information Officer - Mr

Chief Operating Officer - Mr

President/Chancellor - Mr Br

Chief Executive Officer - Dr

Financial Aid Director - Mrs I

Last Name \*


Suffix -*optional*

Enter Name

Job Title \*

SECTION D. —  
EDIT OFFICIAL  
PERSONAL  
CONTACT  
INFORMATION

Section D. Officials of the Institution - Edit Official

Provide the following information for this Official. 

Address Information

Country \*

United States

Home Address 1 \*

158

Home Address 2 -optional

Enter Address

City \*

State/Territory \*

Virginia

ZIP Code \*

+4 -optional

Enter Number

Contact Information


Personal E-mail Address \*


Personal Telephone Number \*


+ 1


Ext -optional

Enter

Role Effective Date \* 

7/21/2023 

Role End Date -optional 

MM/DD/YYYY 

Edit Official

## 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 I		7/1/2015		

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

# 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

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## Section D. Officials of the Institution - Third-Party Servicer Ownership

2c. Has this Board member ever had any ownership of a Third-Party Servicer? \*

☐ Yes

☒ No

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## 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

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Edit Board Member



# SECTION D. EDIT BOARD CONTACT

## Section D. Officials of the Institution - Edit Board Contact

3. Who is the appropriate person to contact for further information about your board (for example, the board's recording secretary).

- ☐ 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

Select position. \*

Chief Information Officer - Mrs Nicole

- Chief Financial Officer - Mr
- ✓ Chief Information Officer -
- Chief Operating Officer - M
- President/Chancellor - Mr I
- Chief Executive Officer - D
- Financial Aid Director - Mrs


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

## Section E. Eligibility & Oversight Administrator






Identify your Eligibility & Oversight Administrator

If you need to update the Personal, Address, or Contact Information for your E&O or Alternate E&O Administrator and these fields are grayed out, you must go to the appropriate record in the Officials of the Institution section of this application to update this information. If you are changing your E&O or Alternate E&O Administrator, you must end date the current E&O or Alternate E&O Administrator and then select **+ Add New** to add your new administrator

Select **+ Add New** to add a new E & O Administrator. To edit information about an E & O Administrator select the  Edit Icon.

**+ Add New**

 E&O Admin Name	Role	Job Title	Role Effective Date	Role End Date
 Marcia	E&O Administrator	Senior Director of Financial	10/25/2023	

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## Section E. Eligibility & Oversight Administrator - Alternate

Identify your Alternate Eligibility & Oversight Administrator

If you need to update the Personal, Address, or Contact Information for your E&O or Alternate E&O Administrator and these fields are grayed out, you must go to the appropriate record in the Officials of the Institution section of this application to update this information. If you are changing your E&O or Alternate E&O Administrator, you must end date the current E&O or Alternate E&O Administrator and then select **+ Add New** to add your new administrator

Select **+ Add New** to add a new Alternate E & O Administrator. To edit information about an Alternate E & O Administrator select the Edit Icon.

**+ Add New**

▼ Alternate E&O Admin Name	Role	Job Title	Role Effective Date	Role End Date
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# SECTION E. ELIGIBILITY & OVERSIGHT (E&O) ADMINISTRATOR — ALTERNATE

# STEP 5 — LOCATIONS & EDUCATIONAL PROGRAMS

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# SECTION F. LOCATIONS – MAIN LOCATION

## Section F. Locations - Main Location

### Main Location Information:

Institution Name \*

Scrubs University

OPEID \*

0

Partner Connect ID \*

4E

☒ 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

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## Section F. Locations - Instruction

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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



## Section F. Locations - Federal School Code

Federal School Code Name \*

SCRUBS UNIVERSITY

The information listed above will be this location's Name for the Federal School Code listing. If you would like to change the Name used for this location for the Federal School Code listing, you may do so here.

Enter the Federal School Code Name you would like displayed in the Federal School Code listing.-optional

SCRUBS UNIVERSITY

Federal School Code \*

FSC Contact

First Name \*

MALLORY

Last Name \*

Email \*

SCRUBSUNIVERSITY.EDU

Telephone Number (include Area Code) \*

Ext -optional

+

1

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

Section F. Locations - Additional Locations

You must provide information for any additional location (other than your main location) at which you offer or will offer 50% or more of an educational program.

Select + Add New to add a new location. To edit information about a previously reported location select the  Edit Icon.

 Add New

▼ OPEID	Location Name	UEI	Prison/Jail	End Date
> 04:	Scrubs University -		No	

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

### Section F. Locations - Edit Additional Location

4. Additional Location Name \*

OPEID \*

Partner Connect ID \*

UET - optional

Provide the address for this Location

**Address Information**

Country \*

Business Address 1 \*

Business Address 2 - optional

City \*

State/Territory \*

Is this location a prison or jail? \*

Answer Yes if this location is a Federal, State, or local penal institution, prison, jail, reformatory, work farm, or other similar correctional institution.

☐ Yes


☒ No

**Date Information**

First Instruction Date \*

End Date - optional

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

End Date -optional 

When using the calendar selection, select year first then month and day; or enter mm/dd/yyyy

8/9/2024



End Date Reason \*

Other



\* If you selected "Other" from the list of End Date Reasons above, enter the reason here.

Voluntary Withdrawal

Loss of Legal Authorization (Foreign School)

Other

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

### Section F. Locations - Edit Additional Location - Federal School Code

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7. Do you want this location to have a Federal School Code? \*

☐ Yes

☒ No

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Edit Location

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

### Section F. Locations - Edit Additional Location - Federal School Code

The following will be this location's Name for the Federal School Code listing. If you would like to change the Name used for this location for the Federal School Code listing, you may do so here Enter the Federal School Code Name you would like displayed in the Federal School Code listing.

**Federal School Code Name**

**Federal School Code**

7. Do you wish to deactivate the FSC Code that is currently assigned to this location?

☐ Yes
 ☐ No

**Federal School Code Contact**

**First Name**

**Last Name**

**Email**

# 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.)

☒ 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](#)

☒ 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: Educational Programs

1n. Does your institution have a Flight Program?


A program of flight training must have a current valid certification from the Federal Aviation Administration. \*

☒ Yes

☐ No

FAA 141 Certification Number

Enter Number

FAA Certificate Expiration Date -optional 

MM/DD/YYYY



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# SECTION G. ADD OR EDIT EDUCATIONAL PROGRAM

## Section G. Educational Programs

2a. Provide details about **Associate Degree Programs** for which you are requesting for federal student financial aid eligibility. If you are a proprietary institution of higher education, you must provide details for all of your educational programs for each type of Educational Program Offered that you selected in the previous section.

If you are an institution 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, 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 from the institution before enrolling students in the program.

See Other Program Types ▾

- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Professional Degree
- Graduate or Professional Non-Degree
- Graduate Admission
- Two-Year Transfer
- Undergraduate Non-Degree Certificate



# 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 institution 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

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

**+ Add New**

 Name of Program	CIP Code	SOC Code	Date First Provided	End Date
 Flight Instructor Pilot Program	49.0108 - Flight Instructor	53-2011, 53-2012	8/15/2019	
 Associate of Arts in General Studies via Direct Assessment	24.0102 - General Studies	25-1199	8/15/2019	

1-2 of 2 <<< Previous Next >>>

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# SECTION G. NEW QUESTION 2a. – OCCUPATIONAL CODE

## Section G: Educational Programs - Edit Program

2a. Provide information for each Associate Degree program(s) for which you are requesting approval for federal student financial aid eligibility. To add multiple SOC Codes, use the **+ Add SOC** button. After you have completed adding SOC field(s), add the program by clicking the Next Button.

### Program Information

Name of Program \*

Associate of Arts in General Studies via Direct Assessment

CIP Code (Searchable) \*

24.0102 - General Studies

Standard Occupational Code (SOC) \*




**+ Add  
SOC**

For each program, institutions must enter at least one SOC code (but no more than 10). Visit [Education Crosswalk Search](#) for a CIP to SOC crosswalk. After entering the program CIP code, click on the Education Title for a list of associated SOC codes.

## SECTION G. NEW QUESTION – PROGRAM DELIVERY



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



- ☒ Classroom
- ☒ 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

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

**+ Add New**

 Name of Program	CIP Code	SOC Code	Date First Provided	End Date
 Flight Instructor Pilot Program	49.0108 - Flight Instructor	53-2011, 53-2012	8/15/2019	
 Associate of Arts in General Studies via Direct Assessment	24.0102 - General Studies	25-1199	8/15/2019	

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# STEP 6 — ADDITIONAL FACTORS & DETAILS

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# 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

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## 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. 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.

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

Third Party Servicer Name D/B/A -optional 

TPS ID \*

~~Partner Connect ID \*~~

# SECTION J. ADD NEW THIRD-PARTY SERVICER

# STEP 8 — ABILITY TO BENEFIT

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# SECTION K. ABILITY TO BENEFIT

## Section K. Ability to Benefit

1. Do you use an ability to benefit test for students who do not have a high school diploma or its recognized equivalent? \*

- ☒ Yes  
☐ No

Select the ability to benefit test(s) administered. Contact FSA if your ability to benefit test is not identified in this list. \*

Select

☒ Wonderlic Basic Skills Test (WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Paper Test

☒ Wonderlic Basic Skills Test (WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Online Test

☐ Spanish Wonderlic Basic Skills Test (Spanish WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Paper Test

☐ Spanish Wonderlic Basic Skills Test (Spanish WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Online Test

☐ Combined English Language Skills Assessment (CELSA), Forms 1 and 2.

☐ ACCUPLACER Computer-adaptive tests (Reading Test, Writing Test, and Arithmetic Test)

☐ COMPANION ACCUPLACER Forms J and K (Reading Test, Writing Test, and Arithmetic Test)

# SECTION K. ELIGIBLE CAREER PATHWAY PROGRAM

## Section K. Ability to Benefit


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2. Do you admit and enroll students through an eligible career pathway program? \*

☒ Yes

☐ No

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# STEP 9 — ADMINISTRATIVE CAPABILITY

---



# SECTION L. ADMINISTRATIVE CAPABILITY

## Section L. Administrative Capability


1. Do you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations? See 34 CFR 668.16 \*

- ☐ Yes
- ☒ No

Please provide an explanation. \*

Enter explanation here

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# STEP 10 — TITLE IV PROGRAMS

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# 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. \*

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

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# SECTION M. APPLYING FOR TEACH GRANT PAGE

## Section M. Title IV Programs - TEACH Grant

Teacher Education Assistance for College and Higher Education (TEACH) Grant Program.

Check all of the following conditions that apply to your institution. \*

- ☐ Offer a high-quality teacher preparation program at either the baccalaureate or masters level that is accredited by a specialized accrediting agency recognized by the Secretary for the accreditation of professional teacher education programs, and the...[See More](#)
- ☐ Offer a high-quality teacher preparation program at either the baccalaureate or masters level that is approved by a state and includes a minimum of 10 weeks of full-time pre-service clinical experience, or its equivalent and the pr...[See More](#)
- ☐ Provide a two-year program of study that is acceptable for full credit to a baccalaureate teacher preparation program. If selected, you must identify the name of at least one and no more than three other institutions ...  
[See More](#)
- ☐ Offer a baccalaureate degree that will prepare a student to teach in a high-need field and have an agreement with another instituion that offers a teacher preparation program or a post-baccalaurate program. If selected, yo...[See More](#)
- ☐ Offer a high-quality teacher preparation program at either the baccalaureate or master's level that is approved by a state and includes a minimum of 10 weeks of full time pre-service clinical experience or its equivalent and...[See More](#)
- ☒ Offer a postbaccalaureate program

TEACH Program End Date -optional 

MM/DD/YYYY



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# STEP 11 — ADDITIONAL CONTACTS & INFORMATION

---

SECTION N.  
ADDITIONAL  
CONTACTS

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	

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# SECTION O. ADDITIONAL INFORMATION

## Section O. 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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# STEP 12 — UPLOAD DOCUMENTS

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# 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		

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 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

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

Select Position \*

Chief Executive Officer - Dr

Chief Operating Officer

President/Chancellor - M


✓ Chief Executive Officer - Dr

Prefix -optional

Select

First Name \*

Enter Name

Middle Name \* 

Enter Name

Last Name \*

Enter Name

# SECTION Q. AUTHORIZED SIGNATURE AUTHORITY (3 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

Select Position \*

Chief Executive Officer - Dr

☐ 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. Authorized Signature Authority

- ☐ Please check here, if your authorized signature authority is not available to sign this application and provide an explanation below. *-optional*

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# 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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- 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. Authorized Signature Authority

I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct.

I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the institution may be liable for all federal student financial aid funds it or its students received. I also understand that providing false or misleading information on this application is a violation of the United States Criminal Code, Title 18, Section 1001 and may result in a fine of up to \$250,000 for an individual or \$500,000 for an organization, and/or imprisonment for up to five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

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[Submit for Signature](#)

SECTION Q.  
SUBMIT FOR  
SIGNATURE  
(1 of 2)

# NEXT STEPS

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## NEXT STEPS

- Authorized signature authority receives email from FSA Partner Connect
- Email sent from [docusign-noreply@fsapartners.ed.gov](mailto: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](mailto: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



**THANK  
YOU!**

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

# FEEDBACK SURVEY



*TCU Title IV Recertification*  
*Survey open until August 13, 2025*

# QUESTIONS?

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