

Application for Certification as an Eligible Institution in FSA Title IV Programs

Requesting Eligibility as a (check one): ___ Deferment Institution ___ Participant Institution

Name of Institution: _____

Address of Institution: _____
(Street Address) (City, State) (ZIP)

Telephone No.: _____ Fax No.: _____
(Area Code) (Area Code)

E-Mail: _____ Web Site: _____ Today's Date: _____

President/CEO: _____ E-Mail: _____

Certification for Seeking Title IV Eligibility

This application is submitted by the institution's President/CEO for which *Certification for Eligibility in FSA Title IV Programs* is being sought, and that official hereby agrees that:

1. All of the distance learning programs offered by the institutions have been reviewed and approved by DETC's Accrediting Commission. All of the courses or programs are credit-bearing and are a part of an academic degree program.
2. He/she has read, understands and will abide by the **applicable** conditions and requirements discussed in DETC's *C.15. Policy on Institutions Participating in Title IV Programs*.
3. The institution meets all Federal eligibility requirements, including the requirements for being a distance education program as set forth in the law and regulations for Federal student assistance program eligibility.
4. All course or program length requirements and "regular and substantive interaction requirements between faculty and students" as established by Federal regulations are met.
5. Only those degree programs at the Associate's, Bachelor's, Master's, first professional, and professional doctorate degree level are eligible. Certificate programs are **not** eligible.
6. The institution agrees to submit 3 copies of a "Certification Report for Title IV" (template on DETC's web site) providing responses and documentation that address each statement found in *C.15. Policy on Institutions Participating in Title IV Programs*.
7. The institution agrees to **not to submit** an application to the Department of Education for eligibility status until DETC has verified and confirmed that the institution is eligible to apply.
8. The institution agrees to undergo an on-site visit to verify and validate the information presented in its "Certification Report for Title IV."

I certify that all of the information herein and attached is true and correct.

Institution's President or CEO: _____
Name Title

Signature: _____ Date: _____

Check List

- We plan to submit our Certification Report for Title IV on Policy C.15. *and* Federal Regulation Compliance on: _____ (date)
- We are enclosing an application fee of \$500 (check made payable to "DETC.")
- We understand that DETC will evaluate our Certification Report for Title IV for compliance.
- We will not apply to the Department of Education until and unless we are approved to do so by DETC.
- We understand that we will need to undergo an on-site visit with a Title IV Evaluator appointed by DETC as part of our evaluation for Title IV eligibility.