

5. Will tuition, fees, and charges be the same for veterans and non-veterans? YES NO
6. What are you requesting approval for? Please check the appropriate boxes below:
- | | | |
|---|------------------------------|-----------------------------|
| (A) New Program | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (B) Program Withdraw | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (C) Program Name Change | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (D) Teach-Out | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (E) Change in Credit/Clock Hours | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (F) Change in School Ownership | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (G) Change in School Location | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (H) Change in School Policies and/or Procedures | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (I) Other. Please explain and attach corresponding documentation: | | |

**For all approval requests, attach two certified copies of the revised school catalog and/or addendum with "Certified as true and correct in content and policy (signed and dated)" on or near the cover page. Please also attach a catalog analysis form.*

- 6(A). New Program: Attach Form VA-9 and the program curriculum with descriptions of each course required. Answer the following questions for each program you are requesting approval for.
- Program name: _____
 - Is a graduation diploma or certificate issued: YES NO
 - Will students earn other industry recognized certificates upon completion? YES NO
If so, which certificates? _____
 - How are you ensuring that your program is meeting industry need and will adequately prepare students to take an entry level job in the corresponding field?

- 6(B). Program Withdraw: List the program to be withdrawn, date and reason:
- Program Name: _____ Withdraw Date: _____
- Reason: _____

- 6(C). Program Name Change: List the program to be changed
- Old Program Name: _____ New Program Name: _____

- 6(D). Teach-Out: List the program to be taught out, date and reason:
- Program Name: _____
- Anticipated End Date: _____
- Reason: _____

- 6(E). Change in Credit/Clock hours: List the old and new hours for the program. Clock or Credit hours?
- Program Name: _____ Old Hours: _____ New Hours: _____

- 6(F). Change in Ownership: If ownership is the only change, please attach the following (please contact our office at (360) 709-4627 if other things are changing):
- A formal letter requesting a change of ownership, including a declaration by the new owner that the faculty, students, and program offerings remain essentially the same
 - Form VA-9 listing the program(s) that you want to be approved

- VA-ONCE MOU (Memorandum Of Understanding) (fillable document available online)
- Electronic Funds Transfer Authorization form (VA Form 24-0296)
- Designation of Certifying Officials form (VA Form 22-8794)
- Conflicting Interests Certification for Proprietary Schools form (VA Form 22-1919)
- CPA Certified Financial Statement
- Copy of the purchase agreement

6(G). Change in Location:

- A formal letter requesting a change of location, including a declaration by the new owner that the faculty, students, and program offerings remain essentially the same
- A Site Inspection is required before the change in location can be approved. This will be scheduled after confirmation that the package is complete

6(H). Change in Policies and Procedures: Identify the policy/procedure being changed and the reason for the change.

Policy/Procedure: _____

Reason for change:

7. Re-Affirmations: *Please read and initial before signing below.*

- a. The institution will grant each veteran credit for previous education and training, shortening program and reducing tuition where appropriate. _____
- b. The institution will maintain results of previous education and training evaluation in each veteran's file. _____
- c. Upon lengthening or shortening a veteran's course load, the institution will notify the Department of Veterans Affairs within 30 days following the effective date of the change. _____
- d. The institution will maintain careful records of each veteran's attendance, noting tardiness and absenteeism and reporting these to the Department of Veterans Affairs. _____
- e. The institution does not and will not provide any commission, bonus, or other incentive payment based directly or indirectly on success in securing enrollment or financial aid to any persons or entities engaged in any student recruiting or admissions activities or in making decisions regarding the award of student financial assistance. _____
- f. The institution does not and will not utilize advertising of any type which is erroneous or misleading, either by actual statement, omissions, or intimation. _____

I certify that the information contained in this application or attached to the application and in the current school catalog or brochure is true and correct in content and policy.

Printed Name of Administrative Official

Signature of Administrative Official

Date