

**Application for Recertification of Institutional Eligibility
for Student Participation in the MDHEWD State Student Assistance Programs
February 2022**

1. Name and Missouri address of institution.

Name: _____

Street Address: _____

City, State, Zip Code: _____

County: _____

2. Indicate the institutional category for the above named institution.

Public Private Virtual

3. Indicate whether the institution has had a substantial change in any of the policies or procedures listed below since its initial certification or since it was last recertified for participation. In accordance with 6 CSR 10-2.140(6)(C), the CBHE may consider whether to terminate the institution's approved status because of such change.

Yes No: The institution has had a substantial change in one or more of the following requirements, policies and/or procedures. See Section 173.1102, RSMo and 6 CSR 10-2.140 for more detail. (If Yes, check all that apply and provide documentation of each change.)

Governance structure

Public – controlled or administered by a public agency or political subdivision and receives appropriations from the general assembly

Private – operated under the control of an independent board

Virtual – recognized by gubernatorial executive order and through a memorandum of understanding with the state of Missouri

Hiring policies pertaining to administration, faculty and staff

Applies to public and private institutions only

Admissions policies

Applies to public and private institutions only

Textbook selection procedures

Applies to public and private institutions only

Level of programs or degrees offered

Confirms the instructional program inventory maintained by the MDHEWD is complete and current as of this application (applies to all institutions)

Accreditation by the Higher Learning Commission or other United States Department of Education-recognized accrediting agency

Any other matter affecting the criteria set forth in sections 173.1102(2) or (3), RSMo

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4. Yes No: Has the institution maintained a record of compliance with lawfully promulgated CBHE policies and procedures as required by paragraph 12 of Section 173.005.2. RSMo?
5. Yes No: Is the institution approved for participation in financial assistance programs established under Title IV of the federal Higher Education Act of 1965?

If yes, please attach a copy of the most recent U.S. Department of Education Eligibility and Certification Approval Report (ECAR) referencing each program in which the institution is approved to participate, along with the institution's OPE ID number. Institutions operating under a provisional program participation agreement should provide an explanation regarding the assignment of that provisional status.

6. Provide the following information for the financial aid director. If the director has a primary and secondary phone number, please provide both.

Name: _____

Title: _____

Primary phone number with extension: _____

Secondary phone number with extension: _____

Fax number: _____

E-mail address: _____

7. Designate the primary operational contact in the financial aid office who will be included on MDHEWD's mailing list and will receive communications about award processing. Use the check box if the financial aid director is the primary operational contact. Otherwise provide the information requested. If the contact person has a primary and secondary phone number, please provide both.

The financial aid director is the primary operational contact. See above.

Name: _____

Title: _____

Primary phone number with extension: _____

Secondary phone number with extension: _____

Fax number: _____

E-mail address: _____

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8. Indicate which of the following payment methods is currently established at the institution. If the institution would like to change the payment method from check to EFT, indicate such in the box provided.

Check

Electronic Funds Transfer (EFT)

Please send the paperwork necessary to change the payment method from check to EFT.

9. Yes No: Is the institution interested in submitting and receiving eligibility information through FAMOUS's File Transfer Protocol (FTP) process? If yes, information about the process will be forwarded to the contact provided in Item 7 above.

10. I hereby certify that the above information is correct to the best of my knowledge.

Signature of Chief Executive Officer or Designee

Date

Typed Name

Title

Institution