OMB No. 1845-0012 Form Approved

Exp. Date: 11/30/2022

Section A

Section A. Please answer these general questions.

1.	Tell us	why you are submitting this application. (You may check more than one box.)
		financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
		student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
		either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
		Designation as an eligible institution. This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs, so that your institution may apply to participate in federal HEA programs, including the Title IV student financial aid programs, or so that your students may claim an education tax credit such as the American Opportunity Tax Credit or Lifetime Learning Credit.
		Reinstatement. This is a request to be reinstated to participate in federal student financial aid programs and/or to be redesignated as an eligible institution for other HEA programs.
		Other (specify)
2.	What i	s the name of your institution?

	Yes			No				
_	the last 4 years	_		other nan	ne that you	have not	previously	y reported
	Yes			No				
	Check here if that you have names, TIN N (You must en	not previous. Jumbers, a	ously rep and OPE	orted to ID numb	the Depart pers of the	ment of Eoformer (pr	lucation, a	and give th
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5a.	What is your 9-digit Tax Identification Number (TIN) assigned by the IRS?
6b.	What is your 9-digit DUNS number?
7.	What was your most recently completed award year?
	Beginning date: 07/01/
	Ending date: 06/30/
8.	What is your current award year?
	Beginning date: 07/01/
	Ending date: 06/30/
9.	(Optional) Does your institution have a website (or home page) on the Internet?
	Yes No
	If yes, list the electronic address (URL).
10.	Who is your chief executive officer (CEO)/president/chancellor?
	First name, MI, Last name, Suffix (include prefix, such as Mr., Ms., Dr.)
	Job Title
	Business street address
	City

Telephone number (including area code)	
	ext:
Fax number (including area code)	
	ext:
E-mail address	
Who is your chief fiscal officer/financial of	ficer?
First name, MI, Last name, Suffix	
(include prefix, such as Mr., Ms., Dr.)	
T. I. mid	
Job Title	
Business street address	
LCity	
State and Zip+4 (or Foreign Province, Post	al Code, and Country, if outside the U.S.)
Telephone number (including area code)	
	ext: