GEORGIA DEPARTMENT OF VETERANS SERVICE

STATE APPROVING AGENCY

**Floyd Veterans Memorial Bldg., Suite E-970, Atlanta, Georgia 30334**

**APPLICATION FOR APPROVAL OR RE-APPROVAL FOR VA EDUCATION BENEFITS**

**UNDER SECTION 3675, TITLE 38, US CODE**

**ACCREDITED**

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| **I. NAME AND ADDRESS OF SCHOOL:** |
| NAME: |  |
| PHYSICAL ADDRESS: |  |
| MAILING ADDRESS: |  |

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| **II. EXTENSIONS** |  |  |  |  |
| ARE CLASSES TAUGHT AT EXTENSIONS (LOCATIONS IN ADDITION TO ABOVE)? |  |  YES |   | NO |   |   |

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| --- | --- |
| **IIA. LIST ALL EXTENSION(S):** |  |
| EXTENSION NAME | FACILITYCODE | FULL ADDRESS (Street, City, State, Zip Code) | DATE CLASSES 1ST OFFERED (mm/dd/yyyy) | PROGRAMS OFFERED |
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| **IIB. DELETE EXTENSION(S)** |  |
| EXTENSION NAME | FACILITYCODE | FULL ADDRESS (Street, City, State, Zip Code) | DATE CLASSES LAST OFFERED (mm/dd/yyyy) | CAN STUDENTS COMPLETE PROGRAMS |
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| **III. NAME OF CURRENT CATALOG(S)** IDENTIFIED BY YEAR(S) COVERED, VOLUME AND NUMBER: |
|   |
| (Provide certified copy of catalogs, handbooks, etc., marked “**I CERTIFY THIS COPY TO BE TRUE AND CORRECT TO CONTENT AND POLICY**”.) |
| **EFFECTIVE DATES OF CATATLOG (mm/dd/yyyy):**  |
| **FROM:** |   | **TO:** |   |
|  |
| **Does the facility have a Student Handbook?** |  |  YES |   | NO |   |   |

If 'Yes' submit a certified copy of the Student Handbook as part of your approval/re-approval.

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| **IV. NAME OF ACCREDITING AGENCY** RECOGNIZED BY US DEPARTMENT OF EDUCATION: |
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| **V. APPROVAL/RE-APPROVAL OF PROGRAMS: (DEGREE MAJORS, DIPLOMAS & CERTIFICATES)** |
| **ALL PROGRAM(S) OFFERED:** |
| NAME | DATE FIRST OFFERED **(mm/dd/yyyy)** | CREDITS\* | CATALOG PAGE #\*\* |
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**\*Complete CREDITS for Non-College Degree programs only.**

**\*\*Attach a program curriculum and course descriptions if not in the catalog.**

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| **VI. PROGRAM(S) NO LONGER OFFERED** |
| NAME | DATE LAST OFFERED**(mm/dd/yyyy)** | CAN STUDENT COMPLETE |
|  |  |  |  **YES** |  |  **NO** |
|  |  |  |  **YES** |  |  **NO** |
|  |  |  |  **YES** |  |  **NO** |

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| **VII. REMEDIAL/DEVELOPMENTAL COURSES** |
| NAME & NUMBER | CATALOG PAGE #\* |
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**\*Attach a course description if not in the catalog.**

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| **VIII. PROGRAM(S) OFFERED BY CONTRACT WITH A THIRD PARTY**  |  | **NONE** |  | **LIST BELOW** |
| PROGRAM NAME | THIRD PARTY OFFERER | CATALOG PAGE #\* |
|   |   |   |
|   |   |   |
|   |   |   |
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**\*Attach a program description if not in the catalog**

**\*\*Provide copies of all contract(s) and/or MOU(s).**

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| **IX. Enrollment Limitations** **(ex. max number of students authorized, student-teacher ratio)** |  | **NONE** |  | **LIST BELOW** |
| PROGRAM NAME | ENROLLMENT LIMITATION |
|   |   |
|   |   |
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**X. PRACTICAL TRAINING** (i.e., internship, practicum, occupational based instruction (CFR 21.4265))

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|  |  | Practical Training courses will not be certified to the VA. |
|  |  | Practical Training courses are offered and will be certified to VA - VSO Form 70-1 is attached. |

**XI. INDEPENDENT STUDY** (i.e., directed study (CFR 21.4267). **ON–LINE/INTERNET BASED COURSES** (i.e. Courses or Programs that are offered on-line. CFR 21.4267).

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|  |   | Independent Study courses will not be certified to the VA. |
|  |   | This facility Offers On-Line courses or programs that will be certified to VA. |
|  |   | Independent Study courses are offered and will be certified to VA - VSO Form 70-2 is attached. |

**XII. COOPERATIVE TRAINING** (i.e., alternating phases of school and on-the-job training when school grants credit for on-the-job portion (CFR 21.4233(a)).

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|  |   |  Cooperative Training will not be certified to the VA. |
|  |   |  Cooperative Training is offered and it will be certified to the VA - VSO Form 70-3 is attached. |

**XIII. ADVERTISEMENT**

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|  |  |  I certify that I have provided all advertisement to the SAA for review – VSO Form 70-4. |
|  |   |  I certify that the school has no advertisement beyond the catalog/bulletin. |

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| **ALSO PROVIDE THE FOLLOWING:** |
|  | **VA Form 22-8794 (NEW APPROVAL ONLY)** |
|  | **VA Form 22-1919 (PROPRIETARY/PRIVATE SCHOOLS ONLY)**  |
|  | **VA Form 20-8206 (NEW APPROVALS ONLY)** |
|  | **Proof of Accreditation**  |
|  | **Business License to Operate in Georgia (PROPRIETARY/PRIVATE SCHOOLS ONLY)** |
|  | **Proof of Operation for 2 Years (NEW PROPRIETARY/PRIVATE NCD SCHOOLS ONLY)** |
|  | **VSO Form 70-5A** |
|  | **VSO Form 70-6** |

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| **Signature of Certifying Official** |
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| **Name and Title of Certifying Official** | **Date** |