GEORGIA DEPARTMENT OF VETERANS SERVICE

**Floyd Veterans Memorial Bldg., Suite E-970**

**Atlanta, Georgia 30334**

**APPLICATION FOR APPROVAL OR REAPPROVAL FOR VA BENEFITS**

**UNDER SECTION 3676, TITLE 38, US CODE**

**NON-ACCREDITED**

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

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

|  |  |
| --- | --- |
| **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. APPROVAL/REAPPROVAL OF PROGRAMS: (CERTIFICATES)** |
| **ALL PROGRAM(S) OFFERED:** |
| NAME | DATE FIRST OFFERED | HOURS | CATALOG PAGE # |
| THEORY | SHOP | TOTAL |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| **V. PROGRAM(S) NO LONGER OFFERED** |
| NAME | DATE LAST OFFERED | CAN STUDENT COMPLETE |
|   |   |   |  **YES** |  |  **NO** |
|   |   |   |  **YES** |  |  **NO** |
|  |  |  |  **YES** |  |  **NO** |
|  |  |  |  **YES** |  |  **NO** |

|  |  |  |  |  |
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| **VI. PROGRAM(S) OFFERED BY CONTRACT WITH A THIRD PARTY** |  | **NONE** |  | **LIST BELOW** |
| PROGRAM NAME | THIRD PARTY OFFERER | CATALOG PAGE #\* |
|   |   |   |
|   |   |   |

**\*Attach a program description if not in the catalog.**

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

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| **VII. Enrollment Limitations** **(ex. max number of students authorized, student-teacher ratio)** |  | **NONE** |  | **LIST BELOW** |
| PROGRAM NAME | ENROLLMENT LIMITATION |
|   |   |
|   |   |
|   |   |

**VIII. 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)** |
|   | **VSO Form 70-5B** |
|   | **VSO Form 70-6** |
|   | **Certificate of Authorization or Exemption issued by Georgia Nonpublic Postsecondary Education Commission** |
|   | **Business License to Operate in Georgia** |
|   | **State License (If applicable)** |
|  | **Sample Certificate of Completion** |
|  | **Sample Enrolment Agreement** |
|   | **Certified Public Accountant prepared financial statement or Profit-Loss Statements signed and dated for minimal of two years. (NEW APPROVAL ONLY)** |
|  | **Ownership or Rental/Lease documentation for the space used to provide education and training. (NEW APPROVAL ONLY)** |
|  | **Detailed inventory of equipment signed and dated by owner. (NEW APPROVAL ONLY)** |
|  | **Proof of Operation for 2 Years (NEW PROPRIETARY/PRIVATE NCD SCHOOLS ONLY)** |

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