



CAL GRANT
PROGRAM REVIEW SURVEY
FINANCIAL AID
NEW INSTITUTION

A. Personnel *Indicate staff name and add corrected title, if applicable.*

1. Institutional Staff:

President/Chancellor/CEO: _____
Financial Aid Director: _____
Fiscal Operations: _____
Registrar: _____
Attendance Coordinator: _____
Corporate Staff, if applicable: _____
Other: _____

2. Outside Consultant Services

a. Consultant *List name, address and phone number* _____

b. Services *Check all consultant services utilized by the institution*

- Determination of financial aid eligibility
- Maintaining student financial aid records
- Maintaining student account records
- Student attendance records
- Refund processing
- Other: _____

B. Accreditation *Check one or write in your accreditor*

- Western Association of Schools & Colleges (WASC)
- Accrediting Commission of Career Schools/Colleges (ACCSC)
- Accrediting Council for Independent Colleges and Schools (ACICS)
- Accrediting Council for Continuing Education and Training (ACCET)
- National Accrediting Commission of Cosmetology Arts and Sciences (NACCAS)
- Other: _____

C. Institutional Structure

1. Institution Type: Public
Check all that apply Private
 For Profit
 Non-profit

CAL GRANT
PROGRAM REVIEW SURVEY
FINANCIAL AID
NEW INSTITUTION

If for-profit:

- Sole proprietorship
 Partnership
 Corporation

Owner's name:
Partner's names:
Corporate name:

Principal shareholder: _____ % ownership: _____ %

2. Approximate number of enrolled students at your institution:

D. Personnel and Duties

Financial Aid Office Duties	Employee Name/Title	Phone Number
Cal Grant Coordinator		
Determination of renewal student grant eligibility		
Verification of student eligibility at time of disbursement		
Determination of satisfactory academic progress		
Reconciliation of Accept and Reject reports		
Reconciliation of Reported Payments with Financial Aid Disbursement Requests to Accounting		
Verification of grade point average		
Completion of education level verification report		
Fiscal/Accounting Office Duties	Employee Name/Title	Phone Number
Receipt of grant funds		
Maintenance of the school's grant account		
Processing of grant funds to student or student account		
Maintenance of student account ledgers		
Reconciliation of financial aid Disbursement Requests with Accounting Ledgers		
Payment of Commission invoices		

Please note that staff cannot have overlapping duties. Staff can only be listed in the financial aid office duties or the fiscal/accounting office duties, not both.

CAL GRANT
PROGRAM REVIEW SURVEY
FINANCIAL AID
NEW INSTITUTION

E. Program Participation *Check all that apply*

1. Financial Aid Programs
- Federal Direct Loan Programs
 - Federal Work-Study
 - Federal Pell
 - Federal SEOG
 - Federal Perkins
 - Federal Family Education Loan Program
 - Child Development Teacher & Supervisor Grant
 - Law Enforcement Personnel Dependents Grants
 - Other: _____
-

F. Institutional Definitions *Check all that apply*

1. Academic Calendar:
- clock hours
 - quarter credit hours
 - semester/trimester credit hours
 - Term
 - Non-term
2. Length of Program:
- Associate's
 - Certificate
 - Other _____
 - Bachelor's
 - Two Year Transfer

3. Academic Year: (example - 1 year = 30 weeks and 36 quarter credit hrs or 24 semester units or 900 clock hrs) The academic year at this institution is defined as: _____

The academic year for all programs is the same? yes no

If no, please use attachment to provide the data for each program.

4. Enrollment status definitions

How many units/credit/hours are required for the following enrollment status?

Status	Undergraduate	Graduate
Full-time		
Three-quarter-time		
Half-time		

CAL GRANT
PROGRAM REVIEW SURVEY
FINANCIAL AID
NEW INSTITUTION

5. Grade level progression: *Indicate total number of credits, hours, or clock hours to be completed to determine grade level (GL). Ex: GL 1 = 30, GL 2 = 60, etc.*

# of Credits/Hours	Grade Level
	1
	2
	3
	4
	5

G. Satisfactory Progress Policy

1. Qualitative Measure: grade of _____ or better for the increment
 cumulative grade of _____ or better
 other: _____
2. Quantitative Measure: *If programs are not the same length, please use attachment to provide data for each program.*

- a. The maximum time frame(s) for program completion is/are no longer than 150% of the published length of the educational program measured in:

- Academic years Terms
 Credit hours attempted Clock hours completed
 Other:

- b. The maximum time frame(s) for program completion is/are:

Examples. 90 units for a 60 unit program or 6 years for a 4 year program

Maximum time frame: _____

- c. The maximum time frame is divided into increments. Those increments are:

- quarters
 semesters
 1/2 the program length
 modules/phases for the period of:
 other:

CAL GRANT
PROGRAM REVIEW SURVEY
FINANCIAL AID
NEW INSTITUTION

- d. The school establishes a minimum schedule of work to be successfully completed at the end of each increment to complete the program within the maximum time frame. The minimum standard is:

Enrollment	Increment	Required Minimum	
		Quantitative	Qualitative
*Full-time	Semester	2.0 Cum GPA	20 completed units/year
Full-time			
Three-quarter			
Half-time			

* **Example: a program of 120 units/4 academic years, max. time frame is 6 years for full-time**

- e. Does your SAP Policy include an attendance standard? Yes No

Satisfactory attendance is

3. Miscellaneous

- a. What is the length of the probationary period?
Check one one term or module _____ clock hours
 _____ days other:
- c. To clear probation, a student must:
- d. Does the institution grant more than one probation period within a student's program? yes no
- e. Is a student eligible to receive financial aid during a probationary period?
 yes no
- f. Termination from financial aid occurs when a student:
 falls below satisfactory progress
 fails probation
 other:
- g. Does the institution have specific policies defining effect of: (*Check all that apply*)
 course incompletes withdrawals
 non-credit remedial repetitions
- h. Academic progress and determination of SAP are recorded on:
Name of form(s) or computer screens:

CAL GRANT
PROGRAM REVIEW SURVEY
FINANCIAL AID
NEW INSTITUTION

H. Administrative Capability

1. Please list recent program review(s) and status.

Reviewing Agency	Status of Program Review

2. Adverse Actions

Is the institution subject to any actions brought on by another agency? *Check all that apply and provide a copy of the action (s).*

- Administrative action, U.S. Department of Education _____
 - Administrative action, guarantee agency: _____
 - Pell reimbursement, U.S. Department of Education _____
 - Formal investigation by: _____
 - Accreditation stipulations _____
 - Other: _____
-

FINANCIAL AID CERTIFICATION *Complete the following certification:*

I, the undersigned, attest that the information provided in this survey and attachment(s) is truthful and accurate and the institution can, upon request, substantiate any information provided.

Name Printed: _____

Signature: _____

Title: _____ Date: _____

CAL GRANT
PROGRAM REVIEW SURVEY
FISCAL

I. Fiscal Requirements and Payment Eligibility

1. Please list the ledger account identifying each student and the amount of funds retained for each student. _____

2. Are financial aid funds currently deposited into or transferred (swept) into an interest-bearing account?* yes no
3. What type of Accounting System is used and is it integrated with Financial Aid?

4. If the Accounting System is not integrated with Financial Aid, how are Financial Aid records reconciled to Accounting System?

* Institutions must have an interest-bearing account set up before being approved for Cal Grant. Schools without an interest-bearing account will not be approved.

FISCAL CERTIFICATION *Complete the following certification:*

I, the undersigned, attest that the information provided in this survey and attachment(s) is truthful and accurate and the institution can, upon request, substantiate any information provided.

Name Printed: _____

Signature: _____

Title: _____ Date: _____