CAL GRANT
PROGRAM REVIEW SURVEY

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

1. Institutional Staff:

Chief Executive Officer: _____

_____

Financial Aid Director: _____

_____

Fiscal Operations: _____

_____

Registrar: _____

_____

Attendance Coordinator _____

_____

Electronic Funds Transfer: _____

_____

Corporate Staff, if applicable: _____

_____

Other: _____

_____

2. Outside Consultant Services:

a. Consultant (*List name, address and telephone 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):*

- ❑ Western Association of Schools & Colleges (WASC)
- ❑ Accrediting Commission of Career Schools/Colleges of Technology (ACCSCT)
- ❑ 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. Your institution is a *(Check one):*

   - ❑ Institution of Higher Education
   - ❑ Proprietary Institution
   - ❑ Postsecondary Vocational Institution

2. Your institution is *(Check all that apply)*

   ❑ Public ❑ Private ❑ For profit ❑ Non-profit

   If for profit:

   ❑ Sole proprietorship Owner's name: _____

   _____

   ❑ Partnership Partner's names: _____

   _____

   ❑ Corporation Corporate name: _____

   _____

   Principal shareholder: _____ Ownership: _____ %

3. Approximate number of currently enrolled students at your institution:

   _____

4. Approximate percentage of current students receiving any form of financial aid:

   _____ %

5. Branch/satellite campuses:

   a. Do you have branch/satellite campuses? ❑ Yes ❑ No ❑ Not applicable

      If yes, list name and location:_____

   b. Does each campus have an independent financial aid office? ❑ Yes ❑ No

      If no, where is the corporate/main financial aid office located? _____

      _____

   c. Does your institution have a consortium/contractual agreement with any other institution(s) to have all or a portion of its educational programs provided by another school? ❑ Yes ❑ No

      If yes, indicate school(s) :_____

D. Personnel and Duties:

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

E. **Program Participation** (*Check all that apply):*

1. Financial Aid Programs:
   - ❑ Federal Family Education Loan Program
   - ❑ Federal Family Education Loan Program PLUS
   - ❑ Federal Direct Loan Program
   - ❑ Federal Direct Loan Program PLUS
   - ❑ Federal Work-Study
   - ❑ Federal Pell Grant
   - ❑ Federal SEOG
   - ❑ Federal Perkins
   - ❑ Cal Grant ❑ A ❑ B ❑ C ❑ T
   - ❑ Child Development Grant
   - ❑ Law Enforcement Personnel Dependents Grant
   - ❑ State Work-Study
   - ❑ Other: _____

2. Does the school have five-year programs eligible under the Cal Grant Program?

   ❑ Yes ❑ No ❑ Not applicable If yes, programs approved:

   _____

3. Does the school have teaching credential programs eligible under the Cal Grant Program?

   ❑ Yes ❑ No ❑ Not applicable If yes, programs approved:

   _____

F. **Institutional Definitions** (*Check all that apply):*

1. Program measure:

   - ❑ Clock hours
   - ❑ Term
   - ❑ Quarter Credit hours
   - ❑ Non-term
   - ❑ Semester/Trimester credit hours

2. Academic Year: (example - 1 year = 30 weeks and 36 quarter credit hours)

   The academic year at this institution is defined as: _____

   _____

   _____

The academic year for all programs is the same? *(If no, please use attachment to provide the data for each program.)*

❑ Yes ❑ No

3. 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		

4. Grade level progression (*Indicate number of credits, hours, or clock hours to be completed to determine grade level):*

# of Credits/Hours	Grade Level
Example: 0 to 15 units	**1**
	1
	2
	3
	4
	5
	6
	7
	8
	9

5. Diplomas/Certificates awarded (*Check all that apply):*

❑ Certificate of completion ❑ Associate of Science/Arts
❑ Bachelor of Science/Arts ❑ Master of Science/Arts
❑ Doctorate ❑ Other: _____

G. Satisfactory Academic Progress (SAP) Policy:

1. Qualitative Measure:

❑ Incremental grade of _____ or better
❑ 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:

Example:

full-time = 5 yrs **three-quarter time = 6 yrs** **half-time = 10 yrs**

full-time: _____ three-quarter time: _____ half-time: _____

   b. The maximum timeframe is divided into increments. Those increments are:

   - ❑ Quarters
   - ❑ Semesters
   - ❑ 1/2 the program length
   - ❑ Modules/phases for the period of: _____
   - ❑ Other: _____

   c. 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 timeframe. The minimum standard is:

Increment	Required Minimum	
	Quantitative	Qualitative

   d. Does your SAP Policy include an attendance standard? ❑ Yes ❑ No

   If yes, satisfactory attendance is:

_____

_____

_____

_____

3. Miscellaneous:

   a. When student falls below SAP, probation is:

   ❑ Not Applicable ❑ Applicable

b. 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 SAP
❑ Fails probation
❑ Other:_____

g. Does the institution have specific policies defining the effect(s) 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*): _____

H. Fiscal Requirements and Payment Eligibility:

1. Please list the bank account that the California Grant funds are deposited in:

_____

Are Cal Grant funds commingled with other institutional funds? ❑ Yes ❑ No

2. Please list the ledger account that identifies individual Cal Grant payments.

_____

3. Are Cal Grant funds kept in an interest-bearing account? ❑ Yes ❑ No

If yes, how is interest earned (monthly, quarterly, daily, other): _____

How often is interest returned to the Commission? _____

4. Has a policy been established that informs students of their options in receipt of Cal Grant funds and their ability to rescind their existing directives at any time? If yes, how is it addressed?

_____

_____

5. Where are the negotiated checks for the student subsistence payments retained?

_____

I. Administrative Capability:

1. Staff Training:

   a. Do all financial aid staff receive regular financial aid training? ❑ Yes ❑ No

   b. List date and name of last training and the names of staff that attended. *(Use attachment to list additional dates and names.):*

Employee Name	Training	Date

2. Please list recent program review(s) and status:

Reviewing Agency	Status of Program Review

3. 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 $: _____
- ❑ Other: _____

J. GDS Cal Grant Authorization (if applicable):

Authorized Users	Employee Name/Title
Information Security Officer	
Authorized Official	
All other Authorized Users	

K. 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.

Print Name: _____

Signature: _____

Title: _____ Date: _____