INSTRUCTIONS
FOR
SCHOOL INFORMATION SURVEY

QUESTION 1

Indicate the school name found on your most current United States Department of Education (USED) Institutional Eligibility Notice, which authorizes you to administer the Title IV Programs. Abbreviate and leave spaces where necessary.

QUESTION 2

Indicate the school code (also known as OPE ID or OE code) as found on your most current USED Institutional Eligibility Notice, which authorizes you to administer the Title IV Programs. Indicate the six digit USED number assigned to your school, plus a two-digit branch identifier. If no two-digit branch identifier exists, enter "00".

QUESTION 3

Using the following codes, indicate the segment which best identifies your school.

01 = OUT OF STATE
02 = COMMUNITY COLLEGE
03 = UNIVERSITY OF CALIFORNIA CAMPUS
04 = CALIFORNIA STATE UNIVERSITY
05 = PRIVATE TWO YEAR NON-PROFIT
06 = PRIVATE FOUR YEAR OR PRIVATE GRADUATE
07 = VOCATIONAL PROFIT-MAKING
08 = HOSPITAL
09 = OUT OF COUNTRY

QUESTION 4

Indicate the physical location of your school as found on your most current USED Institutional Eligibility Notice. Abbreviate and leave spaces where necessary.
NOTE: Question 7 will be used to designate where each report is to be sent.

Question 5

Indicate the general phone number of your school.

QUESTION 6

Indicate the Title IV programs in which your school participates, (according to your USED Notice of Funding), by placing an X by the appropriate programs.

QUESTION 7

Designate three contacts: a Financial Aid Office Contact, a Fiscal Office Contact, and a Registrar Office Contact. These contacts will receive the reports generated by the Grant Delivery System (GDS).

a) Financial Aid Office Contact - The person designated by your school as the principal contact for grant payments administered by the California Student Aid Commission.

b) Fiscal Office Contact - The person designated by your school to receive fiscally-related reports.

c) Registrar Office Contact - The person designated by your school to receive reports and information related to student enrollment.

PLEASE INDICATE THE FOLLOWING FOR EACH OF THE THREE CONTACTS:

- The name of the contact person (Last name, middle initial and first name).
- The working title of the contact person.
- The address where reports and other mailings will be sent to the contact person. (The first address line may be used to indicate the institution, office name or other appropriate information.)
- The phone and fax numbers by which the contact person can be reached.

QUESTION 8

Indicate your designation choices for each listed report, roster and warrant. These items will be generated on a pre-set schedule and will be sent to the contact persons your office designates.

- **OFFICE CONTACT** - Reports will be sent to one of the three contact persons listed in Question 7. Choose the contact person you wish to receive each report. See question 7 for a description of each of the three contact persons (Financial Aid Office, Fiscal Office, Registrar Office).

- **MEDIA TYPE** - Reports will be generated and sent to your school on paper, magnetic tape, diskette or electronically. If you choose paper, you may choose one additional media type for each report. DTF and NJE choices are only available to schools that are electronically linked with the Commission. If your

school is not electronically linked with the Commission, but would like this access, you may contact our Client Services Office at (916) 526-8050.

- **FORMAT OPTIONS** - Choose one format for each report. Print files are pre-formatted reports which are routed directly to the school's electronic remote destination and then downloaded to the school's printer or to a designated file for review. Data files consist of grant data elements, in character strings, which can be used to electronically update the school's financial aid data base. Programming may be required on the school end to accept the data.

- **SORT SEQUENCE** - Choose one sort sequence for each report: alphabetically, by last name, or numerically, by Social Security Number (SSN).

The following is a description of the Cal Grant reports, rosters and warrants:

a) GRANT PAYMENT ROSTER - An integrated roster of all recipients eligible for grant payment at your school.

b) GRANT WARRANTS - Checks sent from the State Controller's Office to your school for grant payments.

c) PAYMENT ACTIVITY REPORT - A monthly report which provides an accounting and payment summary of current and year-to-date payment activity.

d) ACCEPTED/REJECTED TRANSACTION REPORT - A report designed to provide feedback to schools on a weekly basis regarding the acceptance or rejection of payment transactions submitted by schools.

e) UNABLE TO DETERMINE ELIGIBILITY REPORT - A notification to schools indicating students who are pending renewal due to insufficient enrollment information for a term(s) during the prior award year.

f) EL VERIFICATION ROSTER - A roster of Cal Grant A and B recipients whose initial payments were at your school and whose educational level you are asked to verify.

g) CITIZENSHIP CONFIRMATION REPORT - A report that provides schools with the opportunity to verify a student's eligibility to establish California residency.

QUESTION 9

In order to generate and mail Grant Payment Rosters before each school term begins, the Commission must know the starting and ending dates of each term. For schools with multiple summer sessions, list the start date of the first session and the end date of the last session. For schools that operate on clock hours (i.e. without distinct terms), indicate the time periods for which you would like payment (See the examples listed below).

a) Start Date

Indicate your school's starting dates for each term.

b) End Date

Indicate your school's ending dates for each term.

EXAMPLES FOR SEMESTER OR TRIMESTER SCHOOLS:

	1st Fall	2nd Winter	3rd Spring	4th Summer
START DATE	09-03-94	00-00-00	01-07-95	07-06-95
END DATE	01-04-95	00-00-00	06-14-95	08-31-95

EXAMPLES FOR QUARTER TERM SCHOOLS:

	1st Fall	2nd Winter	3rd Spring	4th Summer
START DATE	09-03-94	00-00-00	01-07-95	07-06-95
END DATE	01-04-95	00-00-00	06-14-95	08-31-95

OR

START DATE	09-03-94	01-07-95	03-24-95	00-00-00
END DATE	01-04-95	03-21-95	06-14-95	00-00-00

EXAMPLES FOR CLOCK HOUR SCHOOLS: (NORMALLY COURSES WITH 900 HOURS OR MORE ARE PAID THREE TO FOUR TIMES A YEAR)

	1st Fall	2nd Winter	3rd Spring	4th Summer
Start Date	09-03-94	00-00-00	01-07-95	07-06-96
End Date	01-04-95	00-00-00	06-14-95	08-31-96

QUESTION 10

Check the box which identifies the number of Cal Grant checks your institution disburses per student per term.

THE SURVEY WILL REQUIRE AN AUTHORIZED SCHOOL ADMINISTRATOR'S SIGNATURE. PLEASE PRINT THE ADMINISTRATOR'S NAME, TITLE AND PHONE NUMBER ALONG WITH THE ORIGINAL SIGNATURE.