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*

- ☐ 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. Institution Type: *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: _____%

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		

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E. Program Participation *Check all that apply*

1. Financial Aid Programs
   - ☐ Federal Family Education Loan Program
   - ☐ Federal Direct Loan Programs
   - ☐ Federal Work-Study
   - ☐ Federal Pell
   - ☐ Federal SEOG
   - ☐ Federal Perkins
   - ☐ 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 hours)

   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		

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

# 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. <u>90 units for a 60 unit program or 6 years for a 4 year program</u>

      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: _____

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:_____

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?

   _____

   _____

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: _____