

Enrollment Data Analysis Spreadsheet - DRAFT

Questions	Sub Questions	PEPS (EAPP)	Part. Mngt. (SAIG Enrollment Form)	PEPS (Int. ED User)	FMS (LAP)	GA OPA	ez Audit	FPDM. CMDM	CPS (PIN)	COD (Web)	DLCS	eCB	FMS (LARS)	LEAP/ SLEAP	IFAP/ SP	NSLDS (Non-SAIG.)	DLSS	FMS GAFR - Form 2000	DMCS (FFEL Logon Reg. Form)	DLDM
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PEPS (EAPP)																				
Why are you submitting EAPP?		X																		
Name of Institution		X	X		X					X		X								
Other legal names for institution?		X																		
During past 4 yrs have you had another name?		X																		
What are the first 6 digits of your 8-digit OPE ID number? (The final 2 digits already are entered for you.)		X	X				X			X		X								
What is your 9-digit Taxpayer Identification Number (TIN) assigned by the IRS?		X																		
What is your 9-digit DUNS number?		X																		
What was your most recently completed award year?		X																		
What is your current award year?		X																		
Does your institution have a web site (or home page) on the Internet?		X																		
Who is your chief executive officer (CEO)/president/chancellor?		X																		
Who is your chief executive officer (CEO)/president/chancellor?	First name, Middle initial, Last name	X																		
Who is your chief executive officer (CEO)/president/chancellor?	Job title	X																		
Who is your chief executive officer (CEO)/president/chancellor?	Business street address	X																		
Who is your chief executive officer (CEO)/president/chancellor?	City	X																		
Who is your chief executive officer (CEO)/president/chancellor?	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
Who is your chief executive officer (CEO)/president/chancellor?	Telephone number	X																		

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PEPS (EAPP)																				
Who is your chief executive officer (CEO)/president/chancellor?	Fa1 number	X																		
Who is your chief executive officer (CEO)/president/chancellor?	E-mail address	X																		
Who is your chief fiscal officer/financial officer?		X																		
Who is your chief fiscal officer/financial officer?	First name, Middle initial, Last name	X																		
Who is your chief fiscal officer/financial officer?	Job title	X																		
Who is your chief fiscal officer/financial officer?	Business street address	X																		
Who is your chief fiscal officer/financial officer?	City	X																		
Who is your chief fiscal officer/financial officer?	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
Who is your chief fiscal officer/financial officer?	Telephone number	X																		
Who is your chief fiscal officer/financial officer?	Fa1 number	X																		
Who is your chief fiscal officer/financial officer?	E-mail address	X																		
Who is your financial aid director?		X								X		X								
Who is your financial aid director?	First name, Middle initial, Last name	X								X		X								
Who is your financial aid director?	Job title	X								X		X								
Who is your financial aid director?	Business street address	X								X		X								
Who is your financial aid director?	City	X								X		X								
Who is your financial aid director?	State (or province) and zip+4 (and country, if outside the U.S.)	X								X		X								
Who is your financial aid director?	Telephone number	X								X		X								
Who is your financial aid director?	Fa1 number	X								X		X								
Who is your financial aid director?	E-mail address	X								X		X								

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PEPS (EAPP)																				
To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?		X																		
To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?	First name, Middle initial, Last name	X																		
To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?	Job title	X																		
To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?	Business street address	X																		
To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?	City	X																		
To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?	Telephone number	X																		
To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?	Fa1 number	X																		
To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?	E-mail address	X																		
Whom should we contact if we have questions about information in this form?		X																		
Whom should we contact if we have questions about information in this form?	First name, Middle initial, Last name	X																		

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Whom should we contact if we have questions about information in this form?	Job title	X																			
Whom should we contact if we have questions about information in this form?	Business street address	X																			
Whom should we contact if we have questions about information in this form?	City	X																			
Whom should we contact if we have questions about information in this form?	State (or province) and zip+4 (and country, if outside the U.S.)	X																			
Whom should we contact if we have questions about information in this form?	Telephone number	X																			
Whom should we contact if we have questions about information in this form?	Fa1 number	X																			
Whom should we contact if we have questions about information in this form?	E-mail address	X																			
What is your accrediting agency?		X																			
If you offer a flight program, provide your certification number from the U.S. Federal Aviation Administration (FAA).		X																			
What state agencies authorize or license you to provide postsecondary educational programs?		X																			
What is your type of institutional structure		X	X		X							X	X								
Is this a request for initial certification?		X																			
Is your Institution Public?		X																			
Is your Institution Public?	If yes, what are the names of your board of trustees or your board of directors.	X																			
Who is the Board's best Point of Contact (e.g. Reporting Secretary)		X																			
Are you a not for Profit institution?		X																			

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What type of Ownership?		X																		
If you are a corporation, what is the name and address of the contact person (sometimes known as the "registered agent") within the state where you are incorporated.		X																		
If you are a corporation, what is the name and address of the contact person (sometimes known as the "registered agent") within the state where you are incorporated.	First name, Middle initial, Last name	X																		
If you are a corporation, what is the name and address of the contact person (sometimes known as the "registered agent") within the state where you are incorporated.	Job title	X																		

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PEPS (EAPP)																				
If you are a corporation, what is the name and address of the contact person (sometimes known as the "registered agent") within the state where you are incorporated.	Business street address	X																		
If you are a corporation, what is the name and address of the contact person (sometimes known as the "registered agent") within the state where you are incorporated.	City	X																		
If you are a corporation, what is the name and address of the contact person (sometimes known as the "registered agent") within the state where you are incorporated.	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.		X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	Owner/Person Name Type	X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	First name, Middle initial, Last name	X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	Job title	X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	Business street address	X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	City	X																		

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Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	Telephone number	X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	Fa1 number	X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	E-mail address	X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	Percentage of ownership	X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	Date ownership began	X																		
Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.	TIN	X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:		X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	Name of Owner	X																		

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PEPS (EAPP)																				
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	Owner/Person Name Type	X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	First name, Middle initial, Last name	X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	Job title	X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	Business street address	X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	City	X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	Telephone number	X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	Fa1 number	X																		

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List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	E-mail address	X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	Percentage of ownership	X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	Date ownership began	X																		
List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:	SSN	X	X					X	X	X	X	X					X			
Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?		X																		
Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?	If yes, provide the following:	X																		
Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?	Name	X																		
Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?	Business street address	X																		

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Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?	City	X																		
Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?	Telephone number	X																		

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PEPS (EAPP)																				
Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?	Fa1 number	X																		
Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?	E-mail address	X																		
Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?	Percentage of ownership	X																		
Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?	Date ownership began	X																		
Is the owner is an individual, (who holds ownership individually, or together with one or more member of his/her family, or in combination with others, such as a voting trust) ?	SSN	X	X					X	X	X	X	X					X			
Within the past ten years, has a person or entity (owner) or a member of that person's family or a director of your institution owned 25% or more or held a position listed below of another institution that is now participating in or ever participated in federal student financial aid programs or of a third-party servicer listed in Question 58?		X																		

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What educational programs do you provide as of the date you submit this application or that you will provide during the current award year. Provide information only on programs that you wish to be eligible for federal student financial aid.		X																		
Do you award an associate degree, bachelor's degree, or higher degree to all your students who successfully complete any of your programs?	Series of follow-up questions	X																		
Describe the educational programs that you provide as of the date of this application		X																		
Do you award an associate degree, bachelor's degree, or higher degree to all your students who successfully complete any of your programs?		X																		
Do you contract with an organization or ineligible institution to provide more than 25% of any educational program?		X																		
What is your principal location?		X	X						X		X									

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PEPS (EAPP)																				
What is your principal location?	Name of location	X	X		X					X		X								
What is your principal location?	Business street address	X	X							X		X								
What is your principal location?	City	X																		
What is your principal location?	County	X																		
What is your principal location?	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
Other Locations (within criteria in EAPP)		X																		
Other Locations (within criteria in EAPP)	Name of location	X																		
Other Locations (within criteria in EAPP)	Business street address	X																		
Other Locations (within criteria in EAPP)	City	X																		
Other Locations (within criteria in EAPP)	County	X																		
Other Locations (within criteria in EAPP)	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
Other Locations (within criteria in EAPP)	OPE ID number of location	X	X				X			X		X								
Other Locations (within criteria in EAPP)	DUNS number	X																		
For the most recently completed award year, were more than 50% of your courses taught by means of telecommunications and/or correspondence (tele/corr)?		X																		
For the most recently completed award year, were 50% or more of your regular students enrolled in tele/corr courses?		X																		
During the most recently completed award year, were 50% or more of your regular students ability-to-benefit students?		X																		

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PEPS (EAPP)																					
During the most recently completed award year, were 25% or more of your regular students incarcerated?		X																			
Tell us why you are completing this section. (for change in ownership etc.)		X																			
How many full-time equivalent (FTE) financial aid staff members do you have? Administrative, counselors, or other professionals		X																			
Indicate all of the federal student financial aid programs in which you are seeking approval to participate.		X																			
Do you anticipate an increase of 10% or more in your student body in the next award year?		X																			
How many regular students were enrolled at your institution during your most recently completed award year?		X																			
How many of those regular students dropped out during the 100% refund period during your most recently completed award year?		X																			
How many of those regular students dropped out after the 100% refund period during your most recently completed award year?		X																			
If you provide vocational programs of less than one academic year, list all such education programs?		X																			
Are you a foreign institution?		X																			
Do you admit as regular students only people who have credential of secondary school completion or its recognized equivalent?		X																			

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In the country where you are located, are you legally authorized to provide an educational program beyond the secondary school level?		X																		
If yes, what is the name and address of the agency or ministry within the country that enforces this authority.	Name of agency	X																		
If yes, what is the name and address of the agency or ministry within the country that enforces this authority.	Business street address	X																		
If yes, what is the name and address of the agency or ministry within the country that enforces this authority.	City	X																		
If yes, what is the name and address of the agency or ministry within the country that enforces this authority.	County	X																		
If yes, what is the name and address of the agency or ministry within the country that enforces this authority.	Telephone number	X																		
If yes, what is the name and address of the agency or ministry within the country that enforces this authority.	Fa1 number	X																		
If yes, what is the name and address of the agency or ministry within the country that enforces this authority.	E-mail address	X																		
Are you legally authorized to award a degree that is equivalent to an associate, baccalaureate, graduate, or professional degree awarded in the United States?		X																		
Do you provide an educational program that is at least a two-academic-year program acceptable for full credit toward the equivalent of baccalaureate degree awarded in the United States?		X																		
Do you provide educational program that is equivalent to at least a one-academic-year training program in the United States?		X																		

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Do you provide any educational program that leads to certificate, degree, or other educational credential that is equivalent to one offered in the United States?		X																		
Do you provide a program that prepares students for gainful employment in occupation that is equivalent to one in the United States?		X																		
Do you have administrative offices and/or recruiting offices in the United States that represent you?		X																		
If yes, provide following information	Name of office	X																		
If yes, provide following information	Business street address	X																		
If yes, provide following information	City	X																		
If yes, provide following information	County	X																		
If yes, provide following information	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
If yes, provide following information	Telephone number	X																		
If yes, provide following information	Fa1 number	X																		
If yes, provide following information	E-mail address	X																		
If yes, provide following information	Name of Contact person	X																		
Where is the facility at which you provide graduate medical educational program instruction in your country?	Name of facility	X																		
Where is the facility at which you provide graduate medical educational program instruction in your country?	Address	X																		
Where is the facility at which you provide graduate medical educational program instruction in your country?	City	X																		

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Questions	Sub Questions	PEPS (EAPP)	Part_Mngt. (SAIG Enrollment Form)	PEPS (Int. ED User)	FMS (LAP)	GA OPA	ez Audit	FPDM. CMDM	CPS (PIN)	COD (Web)	DLCS	eCB	FMS (LARS)	LEAP/ SLEAP	IFAP/ SP	NSLDS (Non- SAIG.)	DLSS	FMS GAFR - Form 2000	DMCS (FFEL Logon Req. Form)	DLDM
Where is the facility at which you provide graduate medical educational program instruction in your country?	County	X																		
Where is the facility at which you provide graduate medical educational program instruction in your country?	Telephone number	X																		
Where is the facility at which you provide graduate medical educational program instruction in your country?	Fax Number	X																		
Where is the facility at which you provide graduate medical educational program instruction in your country?	E-mail address	X																		
Where is the facility at which you provide graduate medical educational program instruction in your country?	Name of contact person	X																		
What entity in your country is legally authorized to evaluate the quality of your graduate meical educational program?	Name of entity	X																		
What entity in your country is legally authorized to evaluate the quality of your graduate meical educational program?	Address	X																		
What entity in your country is legally authorized to evaluate the quality of your graduate meical educational program?	City	X																		
What entity in your country is legally authorized to evaluate the quality of your graduate meical educational program?	County	X																		
What entity in your country is legally authorized to evaluate the quality of your graduate meical educational program?	Telephone number	X																		
What entity in your country is legally authorized to evaluate the quality of your graduate meical educational program?	Fax Number	X																		

Enrollment Data Analysis Spreadsheet - DRAFT

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What entity in your country is legally authorized to evaluate the quality of your graduate medical educational program?	E-mail address	X																			
What entity in your country is legally authorized to evaluate the quality of your graduate medical educational program?	Name of contact person	X																			
Are you approved by the entity listed in the last question to provide a graduate medical educational program in your country?		X																			
What is the length of the program of graduate clinical and medical instruction?		X																			
Is any part of your program of graduate clinical and medical instruction provided in the United States?		X																			
If yes, provide following information	Name of facility	X																			
If yes, provide following information	Address	X																			
If yes, provide following information	City	X																			
If yes, provide following information	County	X																			
If yes, provide following information	Telephone number	X																			
If yes, provide following information	Fax Number	X																			
If yes, provide following information	E-mail address	X																			
If yes, provide following information	Name of contact person	X																			
If yes, provide following information	Part of program offered	X																			
If yes, provide following information	What licensing boards and evaluating bodies in the United States currently approve this part of your medical program?	X																			
If yes, provide following information	if a clinical program is offered was it approved by appropriate state within the us as of Jan 1, 1992?	X																			

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If yes, provide following information	If yes, is it currently approved by the state?	X																		
List the dates of graduation and the number of regular students who graduated within the past three 12 month period?		X																		
What are the beginning and ending dates of your institution's most recently completed academic year?		X																		
How many full-time regular students were enrolled during the most recently completed academic year?		X																		
How many of the regular students in question 54 were not US citizens or residents eligible for US federal financial aid programs?		X																		
During the most recently completed academic year, how many of your regular students and graduates from the three preceding academic years took any "step" of the examinations administered by the Educational Commission for Foreign Medical Graduates?		X																		
How many of the students in Question 56 received passing scores on any "step" of the examinations?		X																		
If you contract with any third-party servicer or outside party to perform any function relating to federal student financial aid programs, provide the following information about each servicer.	Name of services' contact person	X																		
If you contract with any third-party servicer or outside party to perform any function relating to federal student financial aid programs, provide the following information about each servicer.	Job title	X																		

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If you contract with any third-party servicer or outside party to perform any function relating to federal student financial aid programs, provide the following information about each servicer.	company name	X																		
If you contract with any third-party servicer or outside party to perform any function relating to federal student financial aid programs, provide the following information about each servicer.	Business street address	X																		
If you contract with any third-party servicer or outside party to perform any function relating to federal student financial aid programs, provide the following information about each servicer.	City	X																		
If you contract with any third-party servicer or outside party to perform any function relating to federal student financial aid programs, provide the following information about each servicer.	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
If you contract with any third-party servicer or outside party to perform any function relating to federal student financial aid programs, provide the following information about each servicer.	Telephone number	X																		
If you contract with any third-party servicer or outside party to perform any function relating to federal student financial aid programs, provide the following information about each servicer.	Fax Number	X																		
If you contract with any third-party servicer or outside party to perform any function relating to federal student financial aid programs, provide the following information about each servicer.	E-mail address	X																		

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If you contract with any third-party servicer or outside party to perform any function relating to federal student financial aid programs, provide the following information about each servicer.	Indicate the service provided	X																		
Do you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations? (See 34 CFR 668.16.)		X																		
Do you divide the functions of determining student awards and disbursing funds that result from those award decisions? (See 34 CFR 668.16.)		X																		
Do you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial aid office award data? (See 34 CFR 668.14, 668.16, 674.19, 675.19, 676.19, and 690.81.)		X																		
Do you have a system to identify and resolve discrepancies in information you receive from various sources about a student's application for financial aid? (See 34 CFR 668.16.)		X																		
Do you have a policy that meets federal regulations for requiring satisfactory academic progress for recipients of federal student financial aid? (See 34 CFR 668.16 and 668.34.)		X																		

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Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need immediately to make aid disbursements to students? (See 34 CFR 668.163.) (This question does not apply to foreign schools.)		X																		
Do you have a policy that meets federal regulations for refunding tuition when a student withdraws from classes? (See 34 CFR 668.22.)		X																		
Have you submitted your required annual financial statement audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual financial statement audit to us on time?) (See 34 CFR 668.23.)		X																		
Have you submitted your required annual federal student financial aid compliance audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual federal student financial aid compliance audit to us on time?) (See 34 CFR 668.23.)		X																		
Do you use the electronic processes required by the Secretary? (See 34 CFR 668.16)		X																		

Enrollment Data Analysis Spreadsheet - DRAFT

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Do you have a process to notify us within 10 days about important changes, such as changes in your name, a change in ownership that results in a change of control, or adding a location where you provide at least 50% of an educational program? (See 34 CFR 600.30 and 668.12.)		X																		
(Optional) Use this area if you need extra space to tell us about any unusual circumstances or to provide additional explanations about your application.		X																		
(Optional) Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.	Name of services' contact person	X																		
(Optional) Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.	Job title	X																		
(Optional) Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.	company name	X																		
(Optional) Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.	Business street address	X																		
(Optional) Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.	City	X																		

Enrollment Data Analysis Spreadsheet - DRAFT

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(Optional) Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
(Optional) Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.	Telephone number	X																		
(Optional) Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.	Fax Number	X																		
(Optional) Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.	E-mail address	X																		
Please have the appropriate person in authority review, sign, and date this document	Signature of President/CEO/Chancellor	X																		
Provide following information	Date ownership began	X																		
Provide following information	Name of institution	X																		
Provide following information	Name of President/CEO/Chancellor	X																		
Provide following information	Job title	X																		
Provide following information	Business street address	X																		
Provide following information	City	X																		
Provide following information	State (or province) and zip+4 (and country, if outside the U.S.)	X																		
Provide following information	Telephone number	X																		

Enrollment Data Analysis Spreadsheet - DRAFT

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Provide following information	Fax Number	X																		
Provide following information	E-mail address	X																		

Enrollment Data Analysis Spreadsheet - DRAFT

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PM																				
Is this an initial Application or are you changing/adding info to Destination Point?			X							X		X	X			X	X			
What is the name of your organization																				
Please Indicate type of organization		X	X		X					X		X	X			X	X			
Will you use a personal computer, mainframe or both to access SAIG			X							X		X	X			X	X			
Who should receive SAIG correspondence?			X							X		X	X			X	X			
Who should receive SAIG correspondence?	Name		X							X		X	X			X	X			
Who should receive SAIG correspondence?	Business Address		X							X		X	X			X	X			
Who should receive SAIG correspondence?	City		X							X		X	X			X	X			
Who should receive SAIG correspondence?	State		X							X		X	X			X	X			
Who should receive SAIG correspondence?	Zip		X							X		X	X			X	X			
Who should receive SAIG correspondence?	Phone		X							X		X	X			X	X			
Who should receive SAIG correspondence?	Fa1		X							X		X	X			X	X			
Who are/will be your Destination Point Administrators (DPA)			X							X		X	X			X	X			
Who are/will be your Destination Point Administrators (DPA)	Name		X							X		X	X			X	X			
Who are/will be your Destination Point Administrators (DPA)	Business Address		X							X		X	X			X	X			
Who are/will be your Destination Point Administrators (DPA)	City		X							X		X	X			X	X			
Who are/will be your Destination Point Administrators (DPA)	State		X							X		X	X			X	X			
Who are/will be your Destination Point Administrators (DPA)	Zip		X							X		X	X			X	X			
Who are/will be your Destination Point Administrators (DPA)	Phone		X							X		X	X			X	X			

Enrollment Data Analysis Spreadsheet - DRAFT

Questions	Sub Questions	PEPS (EAPP)	Part. Mngt. (SAIG Enrollment Form)	PEPS (Int. ED User)	FMS (LAP)	GA OPA	ez Audit	FPDM. CMDM	CPS (PIN)	COD (Web)	DLCS	eCB	FMS (LARS)	LEAP/ SLEAP	IFAP/ SP	NSLDS (Non-SAIG.)	DLSS	FMS GAFR - Form 2000	DMCS (FFEL Logon Reg. Form)	DLDM
Who are/will be your Destination Point Administrators (DPA)	Fa1		X							X		X	X			X	X			

Enrollment Data Analysis Spreadsheet - DRAFT

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PM																				
Who are/will be your Destination Point Administrators (DPA)	Mother's Maiden Name		X							X		X	X			X	X			
Who are/will be your Destination Point Administrators (DPA)	SSN	X	X					X	X	X	X	X					X			
Who are/will be your Destination Point Administrators (DPA)	DOB		X							X		X	X			X	X			
Do you want given DPA to submit & receive Direct Loan Information?			X																	
Do you want given DPA to submit & receive Direct Loan Information?	Yes, for 2003-2004		X																	
Do you want given DPA to submit & receive Direct Loan Information?	Yes, for 2002-2003		X																	
Do you want given DPA to submit & receive Direct Loan Information?	No		X																	
Do you want given DPA to submit & receive Direct Loan Information?	If yes, name of School	X	X		X					X		X								
Do you want given DPA to submit & receive Direct Loan Information?	Business Address		X																	
Do you want given DPA to submit & receive Direct Loan Information?	City		X																	
Do you want given DPA to submit & receive Direct Loan Information?	State		X																	
Do you want given DPA to submit & receive Direct Loan Information?	Zip		X																	
Do you want given DPA to submit & receive Direct Loan Information?	What is your DL Code?		X							X										
Do you want given DPA to submit & receive data with the Central Processing system (CPS)?			X																	
Do you want given DPA to submit & receive data with the Central Processing system (CPS)?	If yes, name school?	X	X		X					X		X								
Do you want given DPA to submit & receive data with the Central Processing system (CPS)?	Federal School Code		X							X										
Do you want given DPA to submit & receive data with the Central Processing system (CPS)?	Business Address		X																	
Do you want given DPA to submit & receive data with the Central Processing system (CPS)?	City		X																	

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Do you want given DPA to submit & receive data with the Central Processing system (CPS)?	State		X																	
Do you want given DPA to submit & receive data with the Central Processing system (CPS)?	Zip		X																	

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PM																				
Do you want given DPA to submit & receive data with the Central Processing system (CPS)?	Which Award Years?		X																	
Do you want given DPA to submit & receive data with the Central Processing system (CPS)?	If yes, which Destination Point (TG Number) will be transmitting and receiving data?		X									X								
Have you participated in or intend to participate in the Campus-Based (FWS, FSEOG, Perkins) Programs?			X									X								
Have you participated in or intend to participate in the Campus-Based (FWS, FSEOG, Perkins) Programs?	If yes, provide the CB Serial Number		X									X								
Have you participated in or intend to participate in the Campus-Based (FWS, FSEOG, Perkins) Programs?	Name of school	X	X		X					X		X								
Have you participated in or intend to participate in the Campus-Based (FWS, FSEOG, Perkins) Programs?	Which Award Years and which TG numbers were responsible for each year?		X									X								
Have you participated in or intend to participate in the Campus-Based (FWS, FSEOG, Perkins) Programs?	Business Address		X									X								
Have you participated in or intend to participate in the Campus-Based (FWS, FSEOG, Perkins) Programs?	City		X									X								
Have you participated in or intend to participate in the Campus-Based (FWS, FSEOG, Perkins) Programs?	State		X									X								
Have you participated in or intend to participate in the Campus-Based (FWS, FSEOG, Perkins) Programs?	Zip		X									X								

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Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data			X													X				
Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data	If yes, for which School, GA or Lender?		X													X				
Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data	Name	X	X		X					X		X				X				
Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data	OPEID	X	X				X			X		X				X				

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Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data	GA Code		X		X	X												X		X	

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PM																				
Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data	Lender ID Number		X		X			X					X			X				
Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data	Business Address		X													X				
Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data	City		X													X				
Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data	State		X													X				

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Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data	Zip		X													X				
Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data	If yes, for which school, guarantee agency of lender?		X													X				
Do you want the DPA to submit and receive any of the following NSLDS Batch Files? - Transfer Monitoring (formerly FAT files) - Enrollment Roster Files (formerly SSCR) - Perkins Loan Data -GA Loan Data	If yes which information, etc.		X													X				
Who is DPA for receipt of Cohort Default Rate Notification Package			X													X				
Who is DPA for receipt of Cohort Default Rate Notification Package	Name of school	X	X		X					X		X				X				
Who is DPA for receipt of Cohort Default Rate Notification Package	School OPE ID	X	X				X			X		X				X				
Who is DPA for receipt of Cohort Default Rate Notification Package	Business Address		X													X				
Who is DPA for receipt of Cohort Default Rate Notification Package	City		X													X				
Who is DPA for receipt of Cohort Default Rate Notification Package	State		X													X				
Who is DPA for receipt of Cohort Default Rate Notification Package	Zip		X													X				
Who is DPA for receipt of Cohort Default Rate Notification Package	Effective Date of Action		X													X				

Enrollment Data Analysis Spreadsheet - DRAFT

Questions	Sub Questions	PEPS (EAPP)	Part. Mngt. (SAIG Enrollment Form)	PEPS (Int. ED User)	FMS (LAP)	GA OPA	ez Audit	FPDM. CMDM	CPS (PIN)	COD (Web)	DLCS	eCB	FMS (LARS)	LEAP/ SLEAP	IFAP/ SP	NSLDS (Non-SAIG.)	DLSS	FMS GAFR - Form 2000	DMCS (FFEL Logon Reg. Form)	DLDM
Who is DPA for receipt of Cohort Default Rate Notification Package	Which TG # will be receiving the CDR Notification Package?		X																X	
Who is DPA for receipt of Cohort Default Rate Notification Package	If 3rd Party Servicer, which one?		X																X	
What (if any) types of updates should the DPA be allowed to Access?			X																X	
What (if any) types of updates should the DPA be allowed to Access?	Enrollment Update?		X																X	
What (if any) types of updates should the DPA be allowed to Access?	Overpayment Update		X																X	

Enrollment Data Analysis Spreadsheet - DRAFT

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PM																				
What (if any) types of updates should the DPA be allowed to Access?	GA Loan Online Update		X													X				
What (if any) types of updates should the DPA be allowed to Access?	Default Services?		X													X				
What TG # will be accessing online data?			X													X				
If you are a school, what is your OPE ID Number?		X	X				X			X		X				X				
If you are a Guaranty agency, what is your GA Code?			X		X	X										X		X		
If you are a FFEL Program lender, what is your Lender ID Number?			X		X			X					X			X				
If you are a third party servicer, for which school (include OPE ID) do you need online NSLDS Access?		X	X				X			X		X				X				
Do you want DPA to submit data to the quarterly Lender Reporting System (LARS)			X										X							
Do you want DPA to submit data to the quarterly Lender Reporting System (LARS)	If Yes, for which Lender Servicer?		X										X							
Do you want DPA to submit data to the quarterly Lender Reporting System (LARS)	What is the Lender Servicer Code?		X										X							
Do you want DPA to submit data to the quarterly Lender Reporting System (LARS)	Business Address		X										X							
Do you want DPA to submit data to the quarterly Lender Reporting System (LARS)	City		X										X							
Do you want DPA to submit data to the quarterly Lender Reporting System (LARS)	State		X										X							
Do you want DPA to submit data to the quarterly Lender Reporting System (LARS)	Zip		X										X							
Do you want DPA to submit data to the quarterly Lender Reporting System (LARS)	Which Destination Point (TG Number) will be submitting data?		X										X							

Enrollment Data Analysis Spreadsheet - DRAFT

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Do you want this DPA to submit/receive PELL Payment data?			X							X										
Do you want this DPA to submit/receive PELL Payment data?	If yes , for which school?		X							X										
Do you want this DPA to submit/receive PELL Payment data?	Federal School Code?		X							X										
Do you want this DPA to submit/receive PELL Payment data?	Business Address		X							X										

Enrollment Data Analysis Spreadsheet - DRAFT

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PM																				
Do you want this DPA to submit/receive PELL Payment data?	City		X							X										
Do you want this DPA to submit/receive PELL Payment data?	State		X							X										
Do you want this DPA to submit/receive PELL Payment data?	Zip		X							X										
Do you want this DPA to submit/receive PELL Payment data?	For which Award year?		X							X										
Do you want this DPA to submit/receive PELL Payment data?	Which Destination Point (TG Number) will be transmitting and receiving data?		X							X										
Do you want DPA to have online access to 2001-2002 PELL Data with the Recipient Financial management System (RFMS)?			X																	
Do you want DPA to have online access to 2001-2002 PELL Data with the Recipient Financial management System (RFMS)?	If yes, for which School?		X																	
Do you want DPA to have online access to 2001-2002 PELL Data with the Recipient Financial management System (RFMS)?	Federal School Code?		X							X										
Do you want DPA to have online access to 2001-2002 PELL Data with the Recipient Financial management System (RFMS)?	Business Address	X	X							X		X								
Do you want DPA to have online access to 2001-2002 PELL Data with the Recipient Financial management System (RFMS)?	City		X																	
Do you want DPA to have online access to 2001-2002 PELL Data with the Recipient Financial management System (RFMS)?	State		X																	

Enrollment Data Analysis Spreadsheet - DRAFT

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Do you want DPA to have online access to 2001-2002 PELL Data with the Recipient Financial management System (RFMS)?	Zip		X																	
Do you want DPA to have online access to 2001-2002 PELL Data with the Recipient Financial management System (RFMS)?	For which Award year?		X																	
Do you want DPA to have online access to 2001-2002 PELL Data with the Recipient Financial management System (RFMS)?	Which DP (TG Number) will have online access?		X																	
Destination Point Administrator's Name?			X							X		X						X		
Destination Point Administrator's Signature			X							X		X						X		
Date			X							X		X						X		
Name of School or Third party servicer?		X	X		X					X		X						X		
TG # & DPA Name			X							X		X						X		

Enrollment Data Analysis Spreadsheet - DRAFT

Questions	Sub Questions	PEPS (EAPP)	Part. Mngt. (SAIG Enrollment Form)	PEPS (Int. ED User)	FMS (LAP)	GA OPA	ez Audit	FPDM. CMDM	CPS (PIN)	COD (Web)	DLCS	eCB	FMS (LARS)	LEAP/ SLEAP	IFAP/ SP	NSLDS (Non-SAIG.)	DLSS	FMS GAFR - Form 2000	DMCS (FFEL Logon Reg. Form)	DLDM
PM																				
SAIG User Name?			X							X		X						X		
SAIG Job Title?			X							X		X						X		
SSN		X	X					X	X	X	X	X						X		
Phone			X							X		X						X		
SAIG User Signature			X							X		X						X		
DPA Signature			X							X		X						X		
PEPS (Internal ED User)																				
(PEPS) Action Requested?		X																		
Name (PEPS Applicant)		X																		
Former Name		X																		
SSN		X	X					X	X	X	X	X						X		
Building		X																		
Phone		X																		
Requesting POC		X																		
Date of Birth		X																		
Program Manager		X																		
Project ID		X																		
PROJECT NAME		X																		
POC		X																		
etc.		X																		

Enrollment Data Analysis Spreadsheet - DRAFT

Questions	Sub Questions	PEPS (EAPP)	Part. Mngt. (SAIG Enrollment Form)	PEPS (Int. ED User)	FMS (LAP)	GA OPA	ez Audit	FPDM. CMDM	CPS (PIN)	COD (Web)	DLCS	eCB	FMS (LARS)	LEAP/ SLEAP	IFAP/ SP	NSLDS (Non-SAIG.)	DLSS	FMS GAFR - Form 2000	DMCS (FFEL Logon Req. Form)	DLDM
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FMS (LAP)																				
Are you a Lender, Lender/Trustee or Servicer?					X															
What type of Institution?		X	X									X	X							
First Name					X															
Middle Initial					X															
Last Name					X															
E-Mail					X															
Phone					X															
Fax					X															
Institution Name		X	X		X				X			X								
Identification Number (LID)			X		X			X					X							
Federal Ta1 ID					X															
Address					X															
City					X															
State					X															
Zip					X															
Interest Method Calculation					X															
To which address should your payment go?					X															
Entity Name					X															
Address					X															

Enrollment Data Analysis Spreadsheet - DRAFT

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FMS LAP																				
Phone					X															
Fax					X															
Email					X															
List all Guaranty Agencies your institution has agreements with					X															
List all Guaranty Agencies your institution has agreements with	GA Name				X															
List all Guaranty Agencies your institution has agreements with	GA ID Number		X		X	X													X	
List all Servicers your institution works with.					X															
Function	SERVICER NAME				X															
Function	SERVICER IDENTIFICATION NUMBER (ID)				X															
Do you participate in the FFEL program under more than one LID(s)? If so, please enter the additional LID(s)			X		X			X					X							
Do you participate in the FFEL program under more than one LID(s)? If so, please enter the additional LID(s)	LID		X		X			X					X							
Do you participate in the FFEL program under more than one LID(s)? If so, please enter the additional LID(s)	Lender's name				X															
Signature					X															
Date					X															
Name & titles					X															
GA OPA																				

Enrollment Data Analysis Spreadsheet - DRAFT

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Guaranty Agency Code			X		X	X												X		
Name of Guaranty Agency						X														
Authorizing Official						X														
Name & signature of Designating Organization/Guaranty Agency Authorizing Official (Destination Point Administrator)						X														
ezAudit																				
First and Last Name of appropriate person in authority							X													
Signature of appropriate person in authority							X													
First and Last Name of eZ-Audit Institution Administrator							X													
Signature of designated eZ-Audit Institution Administrator							X													
e-mail address of eZ-Audit Institution Administrator							X													
Phone number and e1tension (if necessary) of eZ-Audit Institution Administrator							X													
Fa1 Number							X													
OPE ID		X	X				X		X			X								
Fiscal Year End Date							X													

Enrollment Data Analysis Spreadsheet - DRAFT

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FPDM/ CMDM																				
Purpose of request?								X												
ED Employee or Contractor								X												
Name								X												
Last Four Digits of SSN		X	X					X	X	X	X	X						X		
Current User ID (if any)								X												
Phone								X												
Short Description of Task								X												
Name of System Security Officer (SSO)								X			X		X							
Email of SSO								X			X		X							
Phone of SSO								X			X		X							
Name of Alternate System Security Officer (SSO)								X												
Email of Alternate SSO								X												
Phone of Alternate SSO								X												
VDC Application Manager Name								X												
SFA Application								X												
VDC System Name								X												
Prod Level								X												
Access type								X												
System Type								X												
Other Comments								X												

Enrollment Data Analysis Spreadsheet - DRAFT

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Employer								X												
Lender ID			X		X			X					X							
Servicer ID								X												
Department Employee's Office								X												
Applicant Signature								X												
Applicant Supervisor name & signature								X												
CPS (PIN)																				
SSN		X	X					X	X	X	X	X						X		
Last Name									X											
First Name									X											
Middle Initial									X											
Date of Birth									X											
Street Address									X											
City									X											
State									X											
Zip									X											

Enrollment Data Analysis Spreadsheet - DRAFT

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COD - Info to be included in Full Participant Request Letter:																				
Security Administrator's Name										X										
Keyword - Mother's Maiden Name										X										
Work Telephone Number										X										
Emial Address										X										
OPEID		X	X				X			X		X								
School Name		X	X		X					X		X								
Job Title										X										
Work Address										X										
Work Fax Number										X										
Security Administrator's Signature										X										
School Approving Authority's Name, Title and Signature										X										
Thrid Party Vendor Used (if applicable)										X										

Enrollment Data Analysis Spreadsheet - DRAFT

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DLCS																				
Reason for Application?											X									
Existing ID (if Any)?											X									
Team Name											X									
LOS APP Code											X									
Expiration Date											X									
Last Name											X									
First Name											X									
Middle Initial											X									
SSN		X	X					X	X	X	X	X					X			
Company Name											X									
Address											X									
Telephone											X									
Which systems do you require Access to?											X									
What type of LAN Access?											X									
Require Access to EDS Assets?											X									
Reason for request?											X									
Authorized manager's/supervisor's name											X									
Authorized manager's/supervisor's signature, date:											X									
Program manager's signature											X									
Security officer's name & signature								X			X		X							

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DLCS																				
Administrator's use only											X									
Request completed by											X									
Date											X									
Security approval											X									
eCB																				
Name of School		X	X		X					X		X								
Address of school		X	X							X		X								
Mailing address (if different)		X	X							X		X								
Serial #			X									X								
OPEID #		X	X				X			X		X								
Type of school		X	X		X							X	X							
	Public											X								
	Private/Non-Profit											X								
	Proprietary											X								
Length/type of longest program												X								
Additional Locations												X								
Financial Aid Administrator		X								X		X								
	Name	X								X		X								
	Email	X								X		X								
	Phone	X								X		X								

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	Fa1	X								X		X								
Name & address of private financial aid consultant firm, if any												X								
Name of School (Debarment Form and Signature Page)		X	X		X					X		X								
Serial # (Debarment Form and Signature Page)			X									X								
Does your school have a school has a traditional calendar												X								
Total number of Students, 2002 - 2003												X								
Estimated number of Students 2003-2004												X								
Total tuition and fees for the Award Year July 1, 2002-June 30, 2003												X								
Total Federal Pell Grant e1penditures for the 2002-2003 Award Year												X								
Total e1pended for State grants and scholarships made to undergraduates for the Award Year July 1, 2002 to June 30, 2003												X								
Additional FISAP sections are N/A												X								

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LARS																				
Name													X							
Reason for Request													X							
Title													X							
Shared Secret: (i.e. favor color)													X							
Work Location													X							
Work Phone													X							
Email Address													X							
To which type of Organization do you belong?		X	X		X							X	X							
	If Servicer, provide Servicer name & Servicer ID												X							
	If Lender or Trustee, Provide name, Lender ID & Level of access request		X		X			X					X							
Applicant name & signature													X							
Supervisor name & signature													X							
FMS Security Officer name & signature								X			X		X							

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LEAP/ SLEAP																					
	unavailable																				
IFAP/SP																					
Name		X	X		X					X		X							X		
Email		X	X		X					X		X									
Institution/Organization																					
City																					
State																					
Financial Aid Group																					
If FAA, what is your e1act group classification?		X	X		X							X	X								
Would you like tot participate in discussion groups with users of similar interests?																					
NSLDS (Non SAIG)																					
New User of NSLDS?																			X		
New User of NSLDS?	If yes, what is your current NSLDS ID?																		X		
New User of NSLDS?	What is your current FFEL ID?																		X		
Name		X	X		X					X		X							X		
Title																			X		

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Business Address		X	X		X					X		X				X				
Business Telephone Number		X	X		X					X		X				X				
User Signature																X				
Social Security Number																X				
Mother's Maiden Name			X							X		X	X			X	X			
Date of Birth																X				
What is your Principal Operating Component?																X				
Supervisor's Name																X				
Supervisor's Signature																X				
Supervisor's Business Telephone Number																X				
Ed Employee or Contractor?																X				
Current Ed Clearance Level																X				
CSO fro User's POC?																X				
CSO for Program POC (if different from User's POC)																X				
NSLDS ACSO Name																X				
CSC Received?																X				
Organization Confirmation Date?																X				
Security Specialist																X				
DLSS																				
	unavailable																			

Enrollment Data Analysis Spreadsheet - DRAFT

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DMCS																				
Logon ID?																				X
Action?																				X
Platform?																				X
Position/title?																				X
Name?		X	X		X					X		X					X			X
Telephone Number?																				X
Region?																				X
ED Group?																				X
SSN?		X	X					X	X	X	X	X					X			X
If collection Agency, What is your CA code?																				X
Agency Name?																				X
Requirements?																				X
RACF User Classification?																				X
Client/Server User Classification?																				X
CICS Transactions Required?																				X
Client Server Actions Required?																				X
Requesting Manager's Signature																				X
Approving Security Administrator's Signature																				X
Confirming FFEL Security Officer's Signature																				X

Enrollment Data Analysis Spreadsheet - DRAFT

Questions	Sub Questions	PEPS (EAPP)	Part. Mngt. (SAIG Enrollment Form)	PEPS (Int. ED User)	FMS (LAP)	GA OPA	ez Audit	FPDM. CMDM	CPS (PIN)	COD (Web)	DLCS	eCB	FMS (LARS)	LEAP/ SLEAP	IFAP/ SP	NSLDS (Non-SAIG.)	DLSS	FMS GAFR - Form 2000	DMCS (FEEL Logon Reg. Form)	DLDM
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RACF Security Administrator's Signature																			X		
Client Server System Administrator's Signature																				X	