



## Statement of Compliance With Principles of Excellence

Our records reflect your school has indicated participation in the Principles of Excellence established by Presidential Executive Order #13607, signed April 27, 2012. You must provide responses to the questions below. If these questions may be outside of the scope of your regular duties as the designated School Certifying Official, please have the appropriate office within your school assist you with gathering the needed information.

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| 1 | Does your school provide a “Financial Aid Shopping Sheet” to Veteran students and their dependents?  | **If yes, provide a copy of the Financial Aid Shopping Sheet” your facility used for the last 3 years. |
| 2 | Does your school have policies to alert and inform Veteran students and their dependents to the availability of Federal financial aid prior to arranging other financing?  |  |
| 3 | Does your school use recruiters to increase the enrollment of Veterans students and their dependents? If so, please describe the standard methods used.  |  |
| 4 | Has your school obtained the approval of its accrediting agency for new course offerings prior to enrolling students in such courses or programs where appropriate?  |  |
| 5 | Are Servicemembers and Reservists readmitted to programs if they are temporarily unavailable to attend class or have to suspend their studies due to service requirements and accommodations made for short absences resulting from service obligations? |  |
| 6 | Does your school have a refund policy that is aligned with the refund of unearned student aid rules applicable to Federal student aid provided through the Department of Education under Title IV?   |  |
| 7 | Does your school provide detailed educational plans to Veterans students and their dependents outlining graduation requirements?   |  |
| 8 | Does your school have a point of contact for academic and financial advising to assist Servicemember and Veteran students and their families?  | **If yes, provide name, title, and contact information for the point of contact.                       |

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| <b>Name of Individual Completing This Form</b>      |  |
| <b>Title of Individual Completing This Form</b>     |  |
| <b>Signature of Individual Completing This Form</b> |  |